

**Mobile Food Establishment-  
Commissary Agreement**

800 Haines Drive  
Liberty, MO 64068  
Revised: 6/16/16  
Form# 1.031.320.FC.6F-2

Phone: (816) 595-4350

**Instructions:**  
Type or print in ink.  
*Enter "N/A" where requested information does not apply. Leave no blank spaces.*

**Mobile Food Establishment Owner/Operator Information & Agreement**

I, \_\_\_\_\_, agree to report to the commissary facility listed below for all services as required. This  
(Owner of Mobile Food Establishment)  
commissary facility meets all criteria for a commissary as described in the *Clay County Food Code* and guidelines for mobile units. I understand that the commissary shall act as a service area for cleaning and servicing the unit, furnish potable water, provide facilities for the drainage and disposal of liquid waste, and warewashing of utensils and equipment that cannot be effectively cleaned and sanitized in 3 compartment sink on mobile unit.

Mobile Food Establishment (MFE) Name: \_\_\_\_\_  
Owner(s) Name (Print): \_\_\_\_\_ Phone #: \_\_\_\_\_  
Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Commissary Owner/Operator Information & Agreement**

Owner/Manager Name: \_\_\_\_\_  
Name of Establishment: \_\_\_\_\_  
Phone #(s): \_\_\_\_\_ Fax #: \_\_\_\_\_  
Address or Location of Food Establishment: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Food Establishment Email Address: \_\_\_\_\_  
Food Establishment Permit Issued By: \_\_\_\_\_  
Permit #: \_\_\_\_\_

Please attach a copy of permit/license issued by regulatory agency and last inspection completed by regulatory health agency.

**This facility is able to provide the following services** (check all that apply):

- Approved Water Source
- Food Storage Area
- Overnight Storage of MFE
- Utensil Washing Area
- Cleaning Area for MFE
- Food Preparation Area
- Prepackaged Foods for Retail Sale
- Waste Water Disposal
- Equipment & Utensil Storage Area
- Overnight Refrigeration

**This facility will be providing the following services to the above mentioned business owner on a:**

Daily Basis  Weekly Basis  Other, Explain: \_\_\_\_\_

I, \_\_\_\_\_, understand what is required by the Commissary Agreement and grant the listed mobile  
(Owner of Commissary)  
food establishment vendor permission to use and access my facility located at the above address.

Owner(s) Name (Print): \_\_\_\_\_  
Owner(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_