



City of Portsmouth, Health Department

1 Junkins Avenue, Portsmouth, NH 03801
(603) 610-7238 / Fax: (603) 427-1593

Commissary Agreement

Both sides of this form must be filled out completely in order for your application to be processed.

Name and Address of Commissary:

Owner of Commissary:

If the Commissary is located outside of Portsmouth, NH, attach copies of the Food Permit and most recent inspection report for that Commissary.

I hereby certify that I have given permission to

(Cart Owner)

to store and prepare food, clean and sanitize equipment and fill unit with potable water and dump waste into approved mop sink on my premises

Name of Mobile Cart Owner:

Located:

This vendor may use the Commissary for daily use during the following times:

Table with 3 columns: Water Supply of Primary Commissary, Wastewater Disposal of Primary Commissary, and Supplier Name/Permit Number. Includes checkboxes for Municipal/Utility and On-site well/septic.

Table with 2 main columns: Dish or equipment washing, Storing of food and dry goods, etc. Includes checkboxes for Yes/No and a section for Describe other activities here.

\*ALL FOODS MUST COME FROM A LICENSED FACILITY\*

The above licensed Food Service Establishment (Commissary) is to be used for all preparation and storage of food and single service items, dishwashing activities as needed, and mobile unit servicing needs.

In the event either party terminates the Commissary Agreement, the Mobile Food Unit permit is immediately suspended and all food and beverage operations shall immediately cease.

Signing this document will allow Food Inspectors entry to my business during normal hours of operation for evaluation of facilities.

Table with 2 columns: Print Name (of Person in Charge of Commissary) and Signature (of Person in Charge of Commissary).

Mr./Mrs./Ms. \_\_\_\_\_ states that he/she has your  
(Cart Owner)

permission to use your commissary/retail food establishment as base of operation for the purpose of storing food and supplies used for the mobile retail food establishment, necessary preparation of food, filling unit with potable water, cleaning of the unit, sanitize equipment, and dumping of wastewater from storage tanks.

To qualify as an approved commissary, you must:

1. Provide approved potable water supply to mobile retail food establishments.
2. Provide an approved area for the storage and preparation of food products and supplies, with approved, properly installed equipment.
3. Provide an approved area with an approved 3-compartment sink/dishwasher for the washing, rinsing, and sanitizing of utensils and equipment.
4. Pass inspections with a score of 80% or better, and provide a copy of the most current inspection.
5. Provide direct access to an approved mop sink for proper wastewater disposal from holding tanks.
6. Provide a copy of a valid/current Retail Food Establishment License for commissary/retail food establishment.
7. Post and maintain a daily log (check-in/out) sheet, signed by the mobile retail food establishment owner/representative and yourself each day that your commissary is used by the mobile retail food establishment.

Once the mobile retail food establishment has been approved for licensing, **you must also agree to notify the Portsmouth Health Department if the above mentioned mobile retail food establishment has not utilized your facility, as required for three (3) consecutive days.** You must notify the Portsmouth Health Department immediately if you terminate this agreement. You must also certify under penalty of perjury that you are the legal owner and/or operator of this commissary/retail food establishment and will abide by the contents of this letter.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

