



**KCMO HEALTH DEPARTMENT
 ENVIRONMENTAL PUBLIC HEALTH PROGRAM**
 2400 TROOST AVE, SUITE 3000
 KANSAS CITY, MO 64108
 Phone: (816) 513-6315 Fax: (816) 513-6290



Public Health

COMMISSARY AGREEMENT

I agree to report to the commissary facility listed below each operational day for all cleaning and service operations, including filling water tanks disposal of wastewater, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This commissary facility meets all criteria for a commissary as described in the current KCMO Health Department guidelines for mobile units and pushcarts.

Failure to abide by this agreement may result in legal action being taken to revoke your permit to operate this mobile unit or pushcart.

DOING BUSINESS AS (Name of business): _____

OWNER (Of mobile food unit or pushcart): _____

SIGNATURE: _____ DATE: _____

I agree to provide commissary services for the above mobile unit or pushcart. My commissary facility meets all commissary requirements.

BUSINESS NAME (Of commissary): _____

OWNER OR MANGER NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE NUMBER: (_____) _____ FAX: _____

HEALTH DEPARTMENT PERMIT NUMBER: _____

SIGNATURE: _____ TITLE: _____ DATE: _____