



MASON COUNTY COMMUNITY SERVICES

Building, Planning, Environmental Health, Community Health

MOBILE FOOD ESTABLISHMENT COMMISSARY / SERVICING AREA AGREEMENT

Mobile Food Establishment: _____

License #: **FEP** _____ Owner Name: _____

Hours and Days of Operation: _____

Time and Days at Commissary/Servicing Area: _____

This form is to be completed when the owner of the commissary (i.e. food establishment) or servicing area (i.e. approved business) agrees to provide specific services to support a Mobile Food Establishment (MFE) operation. This agreement between the commissary or servicing area owner and the MFE owner signifies that both parties agree that the following services shall be provided.

- | | |
|---|--|
| Approved Water Source | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Approved Waste Water Disposal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Garbage/Trash Disposal | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Dry Storage Space (adequate shelving provided) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial Refrigeration (adequate shelving provided) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ice Machine Availability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Food Preparation Sink Availability (with air gap) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Three Compartment Sink or Dishwasher Availability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mop Sink Availability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Restroom Availability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Mobile Food Unit Storage Availability | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| After-hours accessibility (entrance key provided) | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. **Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the MFE operating permit issued by Mason County Public Health.** This suspension is effective until a new agreement is provided and approved by Mason County Public Health.

Initial Statement Below

NO FOOD IS TO BE STORED, PEPAED, COOKED, COOLED, AND/OR RE-HEATED IN A HOME KITCHEN.

MOBILE FOOD ESTABLISHMENT COMMISSARY/SERVICING AREA AUTHORIZATION:

Commissary /Servicing Area Name: _____

Commissary/Servicing Area Operation Hours and Days: _____

Address: _____ City: _____ Phone: _____

(PRINT NAME OF COMMISSARY/SERVICING AREA OWNER)

(SIGNATURE OF COMMISSARY/SERVICNG AREA OWNER)

(PRINT NAME OF MOBILE FOOD UNIT OWNER)

(SIGNATURE OF MOBILE FOOD UNIT OWNER)

(DATE) _____

(DATE) _____



**MASON COUNTY
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Mobile Food Establishment Name: _____

License #: FEP _____ **Owner/Operator:** _____

Commissary Kitchen Log			
Date	Time	MFE Initial	Commissary Kitchen Initials

Mobile food units (vehicles, trailers, and pushcarts) permitted to operate in Mason County must submit a site location/schedule where they intend to operate their mobile food unit, including days of the week and hours of operation. The mobile food permit holder must keep Mason County informed of the general location of operation.

Mobile Food Establishment Site Location(s) and Schedule	
Operating Site Location Street Address & City	Operating Hours & Days at Location (approximately)

Updated: 8/12/2022 **This form may be scanned and available for public view on the Mason County Web site.**