



**St. Charles County Government  
Department of Community Health and the Environment**

1650 Boone's Lick Road  
St. Charles, MO 63301  
636-949-1800

## Commissary and Food License

### ***Where can we store and prepare food for our temporary food establishment (TFF)?***

Food and supplies used in a temporary food facility can not originate (be stored, prepared, etc.) from a private home. A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters may not be used. **All applications for a temporary food facility must include a Commissary Agreement.** Not-for-Profit TFFs maybe exempt from the requirement of a commissary. Call the Environmental Public Health Program at 636-949-1800 if you have questions.

### ***What is a Commissary and what is the necessity for one?***

A commissary is a base of operation for temporary food facilities (TFF) and mobile food facilities (MFF). Commissaries are necessary because most TFFs and MFFs are not equipped to be completely self sustaining. Some of the issues are:

- Cleaning and sanitizing of ware
  - To ensure a high standard of food safety, utensils must be wash, rinsed and sanitized.
- Wastewater disposal
  - Wastewater should only be disposed of in a sanitary way, usually in a public or private sewer system.
- Food storage
  - Food can only be stored in a licensed and/or inspected food establishment. The St. Charles County Food Establishment Code does not allow food to be stored in private homes.
- Fresh water source
  - Only fixed food establishments that have a current operating license are approved as a source for fresh, potable water. In some cases, TFFs and MFFs choose to purchase additional units of bottled water for their food preparation needs.

These are just some examples of why commissaries are necessary to TFFs and MFFs. Depending on the design of the TFF and/or MFF, some of these issues may or may not be applicable. Most TFFs and/or MFFs are expected to report daily to the commissary to ensure the issues listed above are being met.



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 636-949-7400 ext. 4204

# Commissary Agreement

I agree to report daily to the commissary listed below. The facility will provide the following services to my mobile or temporary food facility (check all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> Fresh water supply               | <input type="checkbox"/> Food storage           |
| <input type="checkbox"/> Food preparation                 | <input type="checkbox"/> Garbage disposal       |
| <input type="checkbox"/> Grey water disposal              | <input type="checkbox"/> Warewashing facilities |
| <input type="checkbox"/> Vending unit cleaning facilities | <input type="checkbox"/> Vending unit storage   |
| <input type="checkbox"/> Chemical storage                 | <input type="checkbox"/> _____                  |

Owner name: \_\_\_\_\_

Business name: \_\_\_\_\_ Phone: \_\_\_\_\_

Permit type:     Temporary     Pushcart     Mobile Food Unit     Food Peddler

Permit No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TO BE COMPLETED BY COMMISSARY OWNER/OPERATOR - Please print or type.**

This facility will be providing the following services to the above mentioned mobile food unit/pushcart/temporary facility on a daily basis:

- |   |   |
|---|---|
| <input type="checkbox"/> Fresh water supply               | <input type="checkbox"/> Food storage           |
| <input type="checkbox"/> Food preparation                 | <input type="checkbox"/> Garbage disposal       |
| <input type="checkbox"/> Grey water disposal              | <input type="checkbox"/> Warewashing facilities |
| <input type="checkbox"/> Vending unit cleaning facilities | <input type="checkbox"/> Vending unit storage   |
| <input type="checkbox"/> Chemical storage                 | <input type="checkbox"/> _____                  |

Commissary name: \_\_\_\_\_

Commissary Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Permit No. \_\_\_\_\_ Issued by (Agency): \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_