



St. Charles County Government  
 Department of Community Health and the Environment  
 1650 Boone's Lick Road St. Charles, MO 63301  
 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: \_\_\_\_\_