



Public Health Idaho North Central District

**Nez Perce County**

215 10th Street
Lewiston, ID 83501
(208) 799-3100
Fax (208) 799-0349

Latah County

333 E Palouse River Drive
Moscow, ID 83843
(208) 882-7506
Fax (208) 882-3494

Clearwater County

105 115th Street
Orofino, ID 83544
(208) 476-7850
Fax (208) 476-7494

Idaho County

903 West Main
Grangeville, ID 83530
(208) 983-2842
Fax (208) 983-2845

Lewis County

132 N Hill Street
P O Box 277
Kamiah, ID 83536
(208) 935-2124
Fax (208) 935-0223

Commissary Agreement

APPLICANT- Please print or type

Business Name Business Phone Business Fax

Business Address City State Zip

Owner Name Home Phone Email Address

I will use the approved commissary below in accordance with the Idaho Food Code for the following operation:

- | | |
|--|--|
| <input type="checkbox"/> Adequate storage for food / equipment | <input type="checkbox"/> Sanitary wastewater disposal |
| <input type="checkbox"/> Utensil washing | <input type="checkbox"/> Proper disposal of refuse & garbage |
| <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Toilet & hand washing facilities |
| <input type="checkbox"/> Potable water/Electrical hookups | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Hot & cold water for vehicle cleaning | <input type="checkbox"/> Other |

Signature of Business Owner Date

COMMISSARY OWNER/OPERATOR—Please print or type.

I agree to provide commissary services for the above mobile/temporary food establishment for the services listed below and will notify Public Health-Idaho North Central District if the vendor discontinues use of my facility.

Commissary Name Phone Fax

Commissary Address City State Zip

Commissary Owner Name Permit Number

- | | |
|--|--|
| <input type="checkbox"/> Adequate storage for food / equipment | <input type="checkbox"/> Sanitary wastewater disposal |
| <input type="checkbox"/> Utensil washing | <input type="checkbox"/> Proper disposal of refuse & garbage |
| <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Toilet & hand washing facilities |
| <input type="checkbox"/> Potable water / Electrical hookups | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Hot & cold water for vehicle cleaning | <input type="checkbox"/> Other |

Signature of Commissary Owner/Manager Print Name Date

FOR OFFICIAL USE ONLY

This food establishment meets the commissary requirements set forth in the Idaho Food Code. The above checked requirements are available at the proposed commissary.

Signature of EHS Print Name of EHS Date