



**Public Health and Social Services Department
Environmental Health Division**
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MOBILE FOOD UNIT COMMISSARY / SERVICING AREA AGREEMENT

Mobile Food Unit Name: _____ Owner/Operator: _____

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 unit (MFU) operation. Please refer to the guide to differentiate between the two types of agreements. This agreement between the commissary or servicing area owner and the MFU owner signifies that both parties agree that the following services shall be provided.

Approved Water Source	Yes	No
Approved Waste Water Disposal	Yes	No
Garbage/Trash Disposal	Yes	No
Dry Storage Space (adequate shelving provided)	Yes	No
Commercial Refrigeration (adequate shelving provided)	Yes	No
Ice Machine Availability	Yes	No
Food Preparation Sink Availability (with air gap)	Yes	No
Three Compartment Sink or Dishwasher Availability	Yes	No
Mop Sink Availability	Yes	No
Restroom Availability	Yes	No
Mobile Food Unit Storage Availability	Yes	No
After-hours accessibility (entrance key provided)	Yes	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 MFU operating permit issued by Thurston County Public Health and Social Services (TCPHSS).** This suspension is effective until a new agreement is provided and approved by TCPHSS.

MOBILE FOOD UNIT COMMISSARY (FOOD ESTABLISHMENT)/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)

(DATE)

(PRINT NAME OF MOBILE FOOD UNIT OWNER)

(SIGNATURE OF MOBILE FOOD UNIT OWNER)

(DATE)