



Public Health & Social Services Department
Environmental Health Division
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CATERING COMMISSARY AGREEMENT FORM

All Food Establishments in Thurston County must operate out of an approved facility. Many food operations utilize commissaries that are not under their own ownership. This form is to be completed if you are not the owner of the commissary. The commissary must have facilities to support food preparation activities.

Caterer/ Vendor Information:

Name of Business: _____
Owner/Operator: _____ Title: _____
Email: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Days/Time at Commissary: _____

Commissary Information (to be completed commissary owner / agent):

Name of Business: _____
Address: _____ City: _____ Zip: _____
Contact Person: _____ Title: _____
Email: _____ Phone: _____
Business Hours of Operation: _____
Do other vendors use this commissary? Yes No If so, how many: _____

Indicate which of the following services will be allowed for use at the commissary:

Approved Water Source	Restroom Access	Freezer Space
Approved Waste Water	After-hours Accessibility (Key)	Ice Machine
Disposal 3-Compartment Sink	Dry Storage Space Commercial	Cooking Equipment
Hand Wash Sink	Refrigeration Space Walk-In	Mop Sink
Food Prep Sink	Refrigeration Space	Other:

COMMISSARY AUTHORIZATION:

_____ (Commissary Owner / Agent – Printed Name & Title)	_____ (Commissary Owner / Agent – Signature & Date)
_____ (Caterer / Vendor – Printed Name & Title)	_____ (Caterer / Vendor – Signature & Date)

Commissary 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 this agreement.** This suspension is effective until a new agreement is provided and approved by this office.

For Office Use Only

Date Received: _____ Approved By: _____ Approval for Months/Year: _____