



Commissary Agreement

This agreement between the commissary owner and the establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary. This commissary agreement is not transferrable to other parties and becomes null and void upon change of ownership of either party. It is the vendor's responsibility to notify Asotin County Health District (ACHD) in advance of any proposed changes or modifications to the agreement. Modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by ACHD. This suspension is effective until a new agreement is provided in writing to ACHD and approved.

Applicant Information			
Vendor Name:			
Permit #:			
Mailing Address:			City:
State:	Zip:	Phone:	
Email:			Cell:
Days of week vendor uses commissary: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Vendor hours of operation:			
Commissary Information			
Name of Commissary:			
Physical Address:			City:
State:	Zip:	Phone:	
Email:			Cell:
Days of week commissary provides access to vendor: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sat <input type="checkbox"/> Sun			
Hours of operation:			
Services provided by commissary			
<input type="checkbox"/> Potable Water	<input type="checkbox"/> Wastewater Disposal	<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Dry Storage
<input type="checkbox"/> Bathroom Access	<input type="checkbox"/> Ice Machine <small>(indirectly drained)</small>	<input type="checkbox"/> Walk-in Refrigeration Space, indicate ft provided	<input type="checkbox"/> Cart Storage Space
<input type="checkbox"/> Reach in Refrigeration	<input type="checkbox"/> Freezer Space, indicate ft provided	<input type="checkbox"/> Cooking Equipment	<input type="checkbox"/> Food Preparation Space
<input type="checkbox"/> Food Preparation Sink	<input type="checkbox"/> Mop Sink	<input type="checkbox"/> 3 Compartment Sink	
<i>By signing this form, both parties understand that modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by ACHD</i>			
Signatures			
Signature of Commissary Owner:		Printed Name of Commissary Owner:	Date:
Signature of Vendor Owner:		Printed Name of Vendor Owner:	Date: