

Letter of Agreement to Use Commissary
(Complete for Risk Type IA and 2A)

DATE: _____

TO: DuPage County Health Department

Please accept this letter as my permission for the following operator

[OPERATOR NAME: _____] to use my business as a commissary for their mobile vending business which includes:

- Food storage
- Supplies storage
- Maintenance of cart/truck/trailer
- Provision of clean water and disposal of waste water

Attached is a copy of my most recent inspection report from the local health authority.

Printed Name: _____

Signature: _____

E-mail Address: _____

Name of Facility/Commissary: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Office Use Only

Current DCHD Permit? Yes No If Yes, FS#: _____

If out of county commissary, recent inspection report received and attached

Phone Verification of Commissary Completed **(Required prior to approval)**

Area Sanitarian Notification **(Required prior to approval)**

Sanitarian: _____ Date: _____