



Monroe County Department of Public Health
Food Protection
111 Westfall Road – Rm 832
Rochester, NY 14620
food@monroecounty.gov

Commissary Agreement:

I agree to use the commissary listed below. The facility will be providing the following services to my food operation.

Owner's Information

Name: _____ Phone # _____
Business Name _____ Phone # _____

Permit Type

- Push Cart
 Mobile Food Unit

Permit/Gaz. #:

Owner's Signature:

Date:

Services provided by the commissary (check all that apply)

- Fresh water supply
 Grey water disposal
 Ware washing
(3 bay sink)
 Facilities for food prep
 Garbage disposal
 Food storage
 Chemical storage

Notes:

Commissary Information

Commissary Name

Commissary Owner

Commissary Address

Permit/Gaz #

Agreement

This facility will provide the above checked services to the above mentioned food operation

Signature: _____ Date: _____