



Environmental Health Division
 1101 West College Avenue, Room 402
 Spokane, WA 99201-2095
 509.324.1560 | TDD 324.1464 | FAX 324.3603

Commissary Agreement

Establishment name:		
Permit #:		
Address:		
City:	State:	Zip:
Phone #:	Fax #:	Cell #:

This agreement between the commissary owner and the above establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary as specified below. This commissary agreement is not transferable to other parties and becomes null and void upon change of ownership of either party. It is the vendor's responsibility to notify Spokane Regional Health District (SRHD) 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 SRHD. This suspension is effective until a new agreement is provided in writing to SRHD and approved.

The services below will be provided to the vendor by the commissary owner:

- | | | | |
|---|-----------------------|------------------------------|-----------------------------|
| Potable water | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Waste water disposal | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Garbage disposal | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dry storage space | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refrigeration space | #Cubic Feet provided: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Freezer space | #Cubic Feet provided: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Bathroom access | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ice machine access | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Cart storage space | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Food prep sink with drain board | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3-compartment sink with drain board space on each end | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Employee personal item storage provided | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mop sink provided | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Accessibility to commissary requires a key? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Commissary hours of operation	Days of week:	Time opens AM:	Time closes PM:
Vendor hours of operation	Days of week:	Time opens AM:	Time closes PM:
Days/hours vendor has access to commissary:			
Name of commissary:			
Commissary address:			

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 SRHD.

 Printed name of Commissary Owner Signature of Commissary Owner Date

 Printed Name of Establishment Owner (Vendor) Signature of Establishment Owner (Vendor) Date