



1650 Boone's Lick Road
St. Charles, MO 63301
636-949-1800

Commissary Agreement

Rev. 09-17-18

I agree to report daily to the commissary listed below. The facility will provide the following services to my food unit (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Food storage |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Grey water disposal | <input type="checkbox"/> Warewashing facilities |
| <input type="checkbox"/> Vending unit cleaning facilities | <input type="checkbox"/> Vending unit storage |
| <input type="checkbox"/> Chemical storage | <input type="checkbox"/> _____ |

Owner name: _____

Business name: _____ Phone: _____

Permit type: Permanent Temporary Pushcart Mobile Food Unit Food Peddler

Permit No. _____

Signature: _____ Date: _____

TO BE COMPLETED BY COMMISSARY OWNER/OPERATOR - Please print or type.

This facility will be providing the following services to the above mentioned mobile food unit on a daily basis:

- | | |
|---|---|
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Food storage |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Garbage disposal |
| <input type="checkbox"/> Grey water disposal | <input type="checkbox"/> Warewashing facilities |
| <input type="checkbox"/> Vending unit cleaning facilities | <input type="checkbox"/> Vending unit storage |
| <input type="checkbox"/> Chemical storage | <input type="checkbox"/> _____ |

Commissary name: _____

Commissary Owner/Manager: _____

Address: _____ City/State: _____ ZIP: _____

Phone: _____ Fax: _____

Permit No. _____ Issued by (Agency): _____

Signature: _____

Title: _____ Date: _____

PLEASE PROVIDE COPY OF COMMISSARY PERMIT AND LAST INSPECTION WITH THIS FORM.