



MADISON COUNTY HEALTH DEPARTMENT
 101 EAST EDWARDSVILLE ROAD • WOOD RIVER, IL 62095
 (618) 296-6079 • MADISONCHD.ORG

Use of Commissary Agreement - Base of Operations

It is required that the operator of a Mobile Food Establishment has a base of operation from a permitted facility. The base of operation is to access potable water, equipment cleaning and sanitizing, food preparation, disposing of waste water and solid waste and for storage of food and equipment. Mobile units are required to return daily when in use to their base of operation. ***This agreement is to be updated yearly and not transferable between owners.***

Commissary Base of Operation Information	
Business Name:	Permit Number:
Address:	Business Phone Number: ()
City, State, Zip:	County:
Commissary Owner / Operator Information	
Licensee Name:	Contact Name:
Address:	City, State, Zip:
Phone Number: ()	E-mail:
<input type="checkbox"/> If commissary is located outside of Madison County, attach a copy of current permit/license and two (2) most recent routine inspections of commissary site.	
Commissary Hours of Operation: S M T W TH F S	
As the owner of a commissary location, I agree to allow this Mobile Food Establishment to utilize my approved Food Establishment and maintain a log with date/time of use. This Mobile Food Establishment is allowed to access and conduct the following in relation to food preparation needs:	
<input type="checkbox"/> Supply of Approved Potable Water Source <input type="checkbox"/> Waste Water Disposal <input type="checkbox"/> Cleaning area for Mobile Food Establishment <input type="checkbox"/> Overnight Storage of Equipment & Utensil <input type="checkbox"/> Overnight Refrigeration	<input type="checkbox"/> Food Preparation Area <input type="checkbox"/> Food Storage Area <input type="checkbox"/> Utensils Washing area <input type="checkbox"/> Prepackaged Food for Retail Sale
*It is the understanding of the above establishment that food preparation will occur at this site by a Mobile Food Establishment. This food preparation shall be separate from any existing operation.	
Signature of Commissary Owner:	Date:
Mobile Food Establishment Information	
Business Name:	
Licensee Name:	Contact Name:
Address:	City, State, Zip:
Phone Number: ()	E-mail:
Signature of Mobile Food Establishment Owner:	Date:

This agreement signifies that both parties, commissary owner and Mobile Food Establishment owner, agree to allowed usage of the commissary/base of operation. Note that this agreement is not transferable. Should there be a change of ownership of either at the commissary or the Mobile Food Establishment, a new agreement must be provided.