

## **Hunt County Health Department**

Environmental Services
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## **Commissary Agreement Application**

Name o	of Commissary:				
	g Address:				
The Fol	llowing services may be performed at my con	nmissary:			
0	Wash, Rinse, Sanitize all food contact surfa	ces O	Fill Potable water		
0	Use of inside preparation facilities	0	Dispose of waste water		
0	Wash out truck	0	Storage of single service articles		
0	Service Area is covered	0	Store mobile unit		
0	Fill fresh water	0	Storage of food products		
0	Service area has nonabsorbent floors				
DD	OVIDE A CURRENT COMMISSARY IN	CDECTION DEPORT E	DOM LOCAL DECIL ATODY	AUTHODITY	
PK	OVIDE A CURRENT COMMISSARY IN	SPECTION REPORT FI	ROM LOCAL REGULATORY	AUTHORITY	
Comme	ents:				
	bile vehicle listed below has permission to us and correct.	e my facility to perform the	e items checked above. I certify t	hat this information	
Name o	of Vehicle:				
Name of Vehicle: Registration Expiration:					
			Vehicle Color:		
	of Vehicle Operator:				
	g Address:				
Contact Number: Date of Birth:					
Drivers License Number:					
	ssary Owner's Name:				
Applicant Signature		Printed Name		Date	