



507 N. Nanum Street, Suite 102
 Ellensburg, WA 98926
 T: 509.962.7515 F: 509.962.7581
 www.co.kittitas.wa.us/health/

FOR OFFICIAL USE ONLY
Permit #:
Accepted By:
Date Reviewed:
Date Received:

Shared Kitchen Agreement / Use of Commissary

All food establishments must operate out of an approved facility. Mobile food units and catering/vendor businesses utilize commissaries that are not under their own ownership. This form must be completed if you are not the owner of the approved facility. Once approved no other facility may be used by this business for these operations without the written approval of Kittitas County Public Health Department.

A commissary means an approved food establishment where food is stored, prepared, portion, or packaged for service elsewhere. A mobile must return to its approved commissary for supplies, thorough cleaning, and other servicing activities, as approved in the plan of operations.

Applicant Information

Establishment Name: _____ Phone Number: _____

Days of the week commissary will be used: Mon Tue Wed Thur Fri Sat Sun

Hours of operation at commissary: _____ After hours accessibility Yes No

Commissary Information

Name of commissary: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Email Address: _____

Services Allowed at Commissary

- Potable Water Wastewater Disposal Garbage Disposal Dry Storage, Indicate ft³: _____
- Ice Machine 3-Compartment Sink Food Prep Sink Food Preparation Space
- Mop Sink Walk-In Refrigerator Space, Indicate ft³: _____ Freezer Space, Indicate ft³: _____
- Cooking Equipment Cooling of Hot Foods Restroom Access Parking of Mobile
- Cleaning of Mobile Key Access to Commissary Other: _____

Agreement and Signatures

This agreement between the owner of the commissary and mobile unit (caterer/vendor) indicates that both parties agree to commissary term of use as showed above. This agreement is not transferable. If a change of ownership between any of the parties involved, or modification or cancellation of this agreement by either parties for any reason may result in the suspension of the mobile's (caterer/vendor) operating permit issued by Kittitas County Public Health Department.

The commissary owner consents to inspections of the facility by KCPHD.

 Commissary Owner – Print Name & Title

 Mobile/Caterer/Vendor Owner – Print Name & Title

 Commissary Owner – Signature & Date

 Mobile/Caterer/Vendor Owner – Signature & Date