



Columbia County Department of Health

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Public Health Director

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USE OF COMMISSARY/SHARED KITCHEN AGREEMENT VERIFICATION

All Food Service Establishments must operate out of an approved kitchen. Many food service operations, such as Mobile Food Vendors, Caterers and Temporary Food Vendors utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors with each permit application.

Applicant Information: Business Name: _____
Owner/Operator Name: _____ Title: _____
Address: _____ City: _____ Zip Code: _____
Email: _____ Phone: (____) _____

I, _____, hereby state that the information on this form is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with Chapter 1, Subpart 14-1 of the New York State Sanitary Code. (Note: if the Commissary Agreement is modified or canceled, and a new commissary Agreement is not provided to this office, your permit to operate a food service operation will be subject to suspension or revocation).

Signature of Applicant

Date

Commissary Information: Business Name: _____
Address: _____ City: _____ Zip Code: _____
Commissary Owner Name: _____ Title: _____
Email: _____ Phone: (____) _____

I hereby certify that an agreement exists between (Name of Vendor) _____ and (Name of Commissary) _____ to use my facility as a commissary kitchen. The following services will be allowed for use at the commissary (check all the apply):

- | | |
|---|--|
| <input type="radio"/> 3-Bay Sink | <input type="radio"/> Commercial Refrigeration Space |
| <input type="radio"/> Food Prep Sink | <input type="radio"/> Freezer Space |
| <input type="radio"/> Dry Storage Space | <input type="radio"/> Dry Storage Space |
| <input type="radio"/> Hand Wash Sink | <input type="radio"/> Preparation Table/Equipment |
| <input type="radio"/> Mop Sink | <input type="radio"/> Ice Machine |
| <input type="radio"/> Water Supply | <input type="radio"/> Cooking Equipment |
| <input type="radio"/> Wastewater Disposal | <input type="radio"/> Other: _____ |
| <input type="radio"/> Garbage Disposal | |

I hereby declare that the facility noted above is a commercial kitchen and is currently licensed/permited by (Name of Agency): _____

Provide a copy of the following documents if not permitted by the Columbia County Department of Health, Environmental Health Division;

- Most recent inspection report
- Copy of current license/permit

Signature of Commissary Kitchen Owner/Operator

Date