



Community Development  
 Environmental Health Division  
 5702 Rowlett Road, Rowlett TX 75089  
 Healthservices@rowlett.com  
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 www.rowlett.com

## Commissary Agreement Application

Name of Commissary: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

The Following services may be performed at my commissary:

- |   |  |
|---|--|
| <input type="radio"/> Wash, Rinse, Sanitize all food contact surfaces | <input type="radio"/> Fill Potable water                 |
| <input type="radio"/> Use of inside preparation facilities            | <input type="radio"/> Dispose of waste water             |
| <input type="radio"/> Wash out truck                                  | <input type="radio"/> Storage of single service articles |
| <input type="radio"/> Service Area is covered                         | <input type="radio"/> Store mobile unit                  |
| <input type="radio"/> Fill fresh water                                | <input type="radio"/> Storage of food products           |
| <input type="radio"/> Service area has nonabsorbent floors            |  |

**PROVIDE A CURRENT COMMISSARY INSPECTION REPORT FROM LOCAL REGULATORY AUTHORITY**

Comments:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The mobile vehicle listed below has permission to use my facility to perform the items checked above. I certify that this information is true and correct.

Name of Vehicle: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_ Registration Expiration: \_\_\_\_\_

Vehicle Type: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_

Name of Vehicle Operator: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Commissary Owner's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Signature**

**Printed Name**

**Date**