



COMMISSARY APPROVAL

PLEASE PRINT NEATLY; INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Commissary Name: _____ Date: _____

Address: _____

The mobile vehicle listed below has permission to use my facilities:

Name of Vehicle: _____ License Plate #: _____

Name of Vehicle Owner: _____ Driver's License #: _____

Telephone Number: _____ Date of Birth: _____

The following services may be performed at my commissary by the above unit:

- Use of facility at all times
- Have limited access to facility; if yes, access hours are: _____
- Use of preparation area of the facility
- Use of utensil washing area of the facility
- Use of food storage areas of the facility
- Wash out mobile unit
- Dispose of waste water
- Fill potable water tanks
- Store mobile unit

Comments: _____

Commissary Owner's Name: _____ Date: _____

Commissary Owner's Signature: _____