

Deschutes County Health Services Environmental Health Division 2577 NE Courtney Dr., Bend OR 97701

PHONE: (541) 322-7400 FAX: (541) 322-7604

MEMORANDUM OF COMMISSARY OR WAREHOUSE USAGE/VERIFICATION

(This agreement expires December 31st of the year issued)

The licensed food service establishment known as			
located at		RESTAURANT NAME	
located at	CITY	STATE	ZIP,
hereby agrees to provide access for usage as a commissary		-	
		MORILE UNIT (OWNER
to operate mobile food unit	All food ite	ems used by the mobile u	nit
MOBILE UNIT NAME		•	
owner/operator will be properly stored at this commissary	y/warehouse, and a	pproved dishwashing fac	cilities are also
provided with which to clean and sanitize utensils used in	the mobile unit per	r ORS Chapter 624. This	s licensed food
service establishment is to be used for all preparation	and storage of foc	od items and dishwashin	g activities as
needed. The licensee of the commissary/warehouse is re-			
commissary/warehouse premises and conducted on the lie		•	
mobile unit.			iction with the
moone unit.			
The agreement between the above-mentioned two	narties is valid for	and ma	v be
The agreement between the above-mentioned two	parties is valid for _	LICENSING YEAR	y oc
renewed in writing after that date. This agreement expire			
this or any renewed agreement for commissary/ware			
establishment and the mobile unit owner agree to notif			
immediately suspended by the Deschutes County Environ			
• •		1 0	
event of the termination of this or any renewed agree			
operations must immediately discontinue until the mo			
commissary/warehouse and provides another valid Memo		•	
the Deschutes County Environmental Health Division. T			
does not have a current license to operate. This agreemen			loes not have a
current license for the commissary/warehouse in the name	of the mobile unit	owner.	
	_		
SIGNATURE of food service establishment owner	dat	te signed	
	_		
PRINTED NAME of food service establishment owner	ph	one number	
	_		
SIGNATURE of mobile food unit operator	dar	te signed	
	_		

date signed

SIGNATURE of County Sanitarian