



UNION COUNTY OFFICE OF HEALTH MANAGEMENT

400 North Avenue East, Westfield, NJ 07090

Phone: 908-518-5620 | Fax: 908-654-9252



COMMISSARY AGREEMENT

Section 1 – To be completed by the APPLICANT

Business Name: _____
Owner / Operator Name: _____
Business Mailing Address _____
Best contact phone number _____ Email address: _____

I hereby certify that I am familiar with the N.J.A.C. 8:24 - CHAPTER 24 “Sanitation in Retail Food Establishments, Food and Beverage Vending Machines and Cottage Food Operations” requiring that all temporary mobile retail food establishments operate from an approved base location (otherwise known as a “Commissary kitchen”) and that all temporary mobile retail food establishments (trucks, table set-ups, trailers, and others) return daily to such location for vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food.

AND

I hereby certify that the above-listed information is correct. I also understand that the home preparation and storage of food, or the cleaning of equipment and utensils used in that mobile operation is prohibited as per N.J.A.C. 8:24 and is subject to penalties, fines, and possible license forfeiture. If any changes in my operation occur, I agree to notify the Union County Office of Health Management immediately.

Mobile Establishment Owner’s name (print): _____

Mobile Establishment Owner’s signature: _____ Date _____

Section 2- To be completed by COMMISSARY OWNER / OPERATOR

Commissary Name: _____
Address: _____
Business phone number: _____
Owner / Operator Name: _____ Owner best contact number: _____
End date of this contract _____

Check all appropriate services provided:

- | | | |
|---|--|--|
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food preparation area | <input type="checkbox"/> Refrigeration equipment |
| <input type="checkbox"/> Portable water | <input type="checkbox"/> Electrical hookups | <input type="checkbox"/> Food storage facilities |
| <input type="checkbox"/> Disposal of rubbish & garbage | <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Mop sink |
| <input type="checkbox"/> Hot / cold water for vehicle | <input type="checkbox"/> 3-Compartment sink | <input type="checkbox"/> Overnight vehicle storage |
| <input type="checkbox"/> Grease/oil disposal | <input type="checkbox"/> Utensils / Equipment Storage | |
| <input type="checkbox"/> Other services not listed: _____ | | |

I hereby certify that the information I have provided is current, true, and correct to the best of my knowledge and meets the N.J.A.C 8:24 CHAPTER 24 “Sanitation in Retail Food Establishments, Food and Beverage Vending



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Machines and Cottage Food Operations” requirements.

If the food facility operator fails to comply with the conditions of this contract, or if this contract is modified or canceled, the commissary owner shall notify the Union County Office of Health Management immediately.

Commissary Kitchen Owner’s name (print): _____

Commissary Kitchen Owner’s Signature: _____ Date: _____

If the commissary kitchen is not inspected by the Union County Office of Health Management you shall provide the commissary’s last Inspection Report along with this agreement.

Note: If this Commissary Agreement is modified or canceled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.

***This Commissary Agreement shall be effective for no longer than one year.**