

## Commissary Agreement Letter

I		owner of	will be making a	and storing
	(Name of Applicant)	(Name of I	Business)	
my	food at	located at _	(Address of Commissary)	
	(Name of Com	nmissary)	(Address of Commissary)	
I w	ill clean all utensils at this	location. I certify that this	food establishment has a comme	ercial
kitc	hen and meets local, coun	ty, and/ or State of Illinois F	Food Code. The food establishm	nent owner
has	agreed to let me use the fa	cility and has signed below.	I have included a copy of the la	ast
gov	ernment agency inspection	n of the commissary as well	as a copy of my food permit for	the current
yea	r. I understand that I will b	be required to submit all app	propriate paperwork at the time of	of my food
per	mit submittal for the currer	nt year. I can be contacted a	t(Applicant's Phone Number)	The
con	nmissary can be contacted	at(Commissary Phone Number	<del>r)</del> ·	
Che	eck boxes to indicate Comp	plete and Attached:		
	1. Commissary Letter			
	2. Last Commissary Insp	pection		
	3. Completed Kane Cou	nty Food Permit		
	4. Payment Attached/Ma	ade		
(Sign	nature of Applicant)		(Date)	
—— (Nar	ne of Commissary Owner)	(Signature of Commissary Ow	ner) (Date)	