

Commissary Agreement Letter

I		owner of	will be making and storing mess)
	(Name of Applicant)	(Name of Busin	ness)
my	food at	located at	(Address of Commissary)
	(Name of Com	nmissary)	(Address of Commissary)
Ιw	ill clean all utensils at this	location. I certify that this food	d establishment has a commercial
kito	chen and meets local, coun	ty, and/ or State of Illinois Food	d Code. The food establishment owner
has	agreed to let me use the fa	cility and has signed below. I h	ave included a copy of the last
gov	vernment 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	pe required to submit all approp	riate paperwork at the time of my food
per	mit submittal for the currer	nt year. I can be contacted at	(Applicant's Phone Number)
cor	nmissary can be contacted	at(Commissary Phone Number)	
Ch	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	
(Signature of Applicant)			(Date)
(Name of Commissary Owner) (Signature of		(Signature of Commissary Owner)	(Date)