

COMMISSARY KITCHEN AGREEMENT

Food Service Establishment Application

SUBMITTAL DATE	DATES OF USAGE (1 YEAR MAXIMUM)	
	From	To

By signing this agreement, the owner of the commissary facility certifies that the kitchen meets all the standards of the Washington State Retail Food Code, [Chapter 246-215 Washington Administrative Code](#).

COMMISSARY FACILITY INFORMATION	
Name of commissary facility	Contact phone
Facility address (city, state, zip)	
Email	
Facility owner printed name	
Facility owner signature	Date

APPLICANT INFORMATION	
Business/vendor name	Contact phone
Mailing address (city, state, zip)	
Email	
Business owner printed name	
Business owner signature	Date

PROCESSES TO BE PERFORMED AT COMMISSARY FACILITY (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Ware washing	<input type="checkbox"/> Cooling	<input type="checkbox"/> Food preparation
<input type="checkbox"/> Food storage in:	<input type="checkbox"/> Wastewater disposal	<input type="checkbox"/> Reheating food
<input type="checkbox"/> Refrigerators	<input type="checkbox"/> Packaging	<input type="checkbox"/> Special processes (e.g. sous vide, curing, reduced oxygen packaging, etc.)
<input type="checkbox"/> Freezers	<input type="checkbox"/> Produce washing	
<input type="checkbox"/> Dry storage	<input type="checkbox"/> Thawing	
<input type="checkbox"/> Cooking	<input type="checkbox"/> Obtaining potable water	<input type="checkbox"/> Trash disposal site

CERTIFICATION AND ACKNOWLEDGMENT
<p>By signing above, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:</p> <ul style="list-style-type: none"> ✓ Use of the above commissary is required for food preparation and storage, ware washing activities, potable water supply, wastewater disposal, and all other servicing needs as outlined in the plan review process. All visits must be recorded on the commissary facility "Sign-In Sheet". If the facility is missing the sign-in sheet, please contact the Kitsap Public Health District for a copy. ✓ This agreement is a condition of the operating permit and is subject to approval by Kitsap Public Health District (KPHD). Should either party terminate the Commissary Agreement, the permit of the food service business will be suspended, and all food and beverage operations shall cease until the owner/operator of the permit secures the services of another approved commissary kitchen and a signed agreement is provided to KPHD. ✓ I must maintain a log that documents my presence at the commissary kitchen; records must be maintained for at least one year and available for inspection upon request.

HEALTH DISTRICT REVIEW
<p>Reviewed and accepted by:</p> <hr/> <div style="display: flex; justify-content: space-between;"> Environmental Health Specialist Date </div>