

MOBILE FOOD PREMISES COMMISSARY / SERVICING AREA AGREEMENT

Mobile Food Premises Name: _____ Operator: _____

Hours and Days of Operation: _____

Time and Days at Commissary/Servicing Area: _____

This form is to be completed when the owner of the commissary or servicing area (i.e. approved business) agrees to provide specific services to support a mobile food premises (MFP). This agreement between the commissary or servicing area owner and the MFP operator signifies that both parties agree that the following services shall be provided.

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Approved Water Source | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Approved Waste Water Disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Garbage/Trash Disposal | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Dry Storage Space (adequate shelving provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Commercial Refrigeration (adequate shelving provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Ice Machine Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Food Preparation Space with Sink Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Two Compartment Sink or Dishwasher Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Mop Sink Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Restroom Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Mobile Food Premises Storage/Parking Availability | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Electrical Hook-up | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| After-hours Accessibility (entrance key provided) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

Other (specify): _____

Commissary/servicing area agreements are not transferable to other parties and become null and void upon change of ownership of either party. Both parties understand that modification or cancellation of this agreement by either party for any reason will result in the suspension of the MFP operating permit issued by Vancouver Coastal Health (VCH). This suspension is effective until a new agreement is provided and approved by VCH.

MOBILE FOOD PREMISES COMMISSARY/SERVICING AREA AUTHORIZATION:

Commissary /Servicing Area Name: _____

Commissary/Servicing Area Operation Hours and Days: _____

Address: _____ City: _____ Phone: _____

(PRINT NAME OF COMMISSARY/SERVICING AREA OWNER)

(SIGNATURE OF COMMISSARY/SERVICNG AREA OWNER) (DATE)

(PRINT NAME OF MOBILE FOOD PREMISES OWNER)

(SIGNATURE OF MOBILE FOOD PREMISES OWNER) (DATE)

OFFICE USE
Facility Name:
Facility Number:
Mailing Address:

HP Account:
Decal number:
EHO District:
EHO Signature: