



Schenectady County Public Health Services

Environmental Health Unit
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USE OF COMMISSARY/SHARED KITCHEN AGREEMENT VERIFICATION

All Food Service Establishments must operate out of an approved commercial kitchen. Many food operations such as Mobile Food Vendors, Caterers and Temporary Food Vendors utilize commissaries that are not under their own ownership. This form shall be completed if you are not the owner of the commissary or if you will be sharing kitchen facilities with other vendors with each permit application.

Applicant Information: Business Name: _____

Owner/Operator Name: _____ Title: _____

Address: _____ City: _____ Zip Code: _____

Email: _____ Phone: _____

I, _____, hereby state that the information on this form is current, true, and correct to the best of my knowledge and agree to utilize my approved commissary in accordance to Chapter 1 of New York State Sanitary Code. (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 service operation will be subject to suspension or revocation).

Signature of Applicant

Date

Commissary Information: Business Name: _____

Address: _____ City: _____ Zip Code: _____

Commissary Owner Name: _____ Title: _____

Email: _____ Phone: _____

I hereby certify that an agreement exists between (Name of Vendor) _____

and (Name of Commissary) _____ to use my facility as a commissary kitchen. The following services will be allowed for use at the commissary (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> 3-Bay Sink | <input type="checkbox"/> Commercial Refrigeration Space |
| <input type="checkbox"/> Food Prep Sink | <input type="checkbox"/> Freezer Space |
| <input type="checkbox"/> Hand Wash Sink | <input type="checkbox"/> Dry Storage Space |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Preparation Table/Equipment |
| <input type="checkbox"/> Water | <input type="checkbox"/> Ice Machine |
| <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Cooking Equipment |
| <input type="checkbox"/> Garbage Removal | <input type="checkbox"/> Other: _____ |

I hereby declare that the facility noted above is a commercial kitchen permitted by _____.

Provide a copy of the following documents if not permitted by Schenectady County Public Health Services Environmental Health Unit:

- Last Inspection Report
- Current Permit

Signature of Commissary Owner

Date