



Environmental Health Department
Central Preparation / Commissary Agreement
Submit To: 815 N. Broadway Ave. Tyler, TX 75702

CENTRAL PREPARATION/COMMISSARY AGREEMENT

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

Registration Fee For contracted Commissary Space = Annual Fee of \$75.00 payable to NET Health

This agreement between the owner of the central preparation/commissary facility and the operator of the mobile food unit signifies that both parties agree to the contracted use of the commissary as specified.

Notice: Any changes to the commissary agreement must result in written notification to NET Health within (5) five business days of the date the agreement was amended or terminated.

The Commissary Agreement is not transferable. Should there be a change in ownership of either party or should there be any modification or termination of this agreement between parties, then the commissary agreement permit issued by the Environmental Health Department of NET Health will be revoked and noncompliance can result in fines or penalties.

Attendance Log:

It is required that a commissary maintain a sign in/sign out attendance log for all contracted mobile food unit permit holders. It is a requirement that all contracted mobile food unit permit holders sign in/sign out each time they return to the commissary at least daily. The attendance log must be true and accurate, updated daily, and made available upon request.

EXPLAIN the dates and times this contracted mobile food unit permit holder will have access to the commissary in a 24 hour time frame: _____

The attendance log must include the following information:

- (1) The commissary business name, address, phone number, and permit number,
- (2) The contracted mobile food unit permit holder's business name & the name & signature of the PIC,
- (3) The vehicle identification number, if applicable, when there is more than one mobile unit operating under the same business name, and
- (4) The date, time in, and time out of each visit, or,
- (5) Other approved time tracking system.

Food Storage:

It is a requirement that all foods/beverages are stored at the commissary when the contracted mobile food unit is not in business.

Mobile Food Unit Information:

MOBILE FOOD UNIT NAME: _____

MFU OWNER NAME: _____ PHONE NO: _____

EMAIL: _____ NET Health PERMIT # _____

CONTRACT PERIOD FOR USE OF THIS CENTRAL PREPARATION/COMMISSARY: _____

SIGNATURE: _____ TITLE: _____ DATE: _____

Amount Due: \$75.00 Payment Type: Cash / Credit / Check # _____ Date Paid: _____

Servicing Area Amenities for all Commissaries supporting Mobile Food Units

(All are required)

- Level I
- An area for filling freshwater tanks with drinking water meeting Section 5-2 of FDA Food Code.
 - An area for dumping waste wastewater into an exterior drain with adequate grease capture
 - Cleaning Area for MFU including Mop Sink for disposing mop water
 - Overnight Parking of MFU When Not In Operation
 - Electricity Hook Up to Maintain Temperatures on Mechanical Equipment
 - Plumbed Restroom accessible to contracted mobile food unit permit holders. The restroom must be stocked with hand soap, paper towel, and hot and cold water, during all hours of operation

Commissary Amenities needed to support this Mobile Food Unit.

(Check all that apply)

- Level II
- Secure storage area for Equipment and Utensil designated for the contracted MFU permit holder
 - Laundry Service or Access for Washing Cloth Towels
 - Secure storage area for Foods designated for the contracted MFU permit holder.

Central Preparation Facility Amenities needed to support this Mobile Food Unit

(Check all that apply)

- Level III
- Food Preparation Area
 - Utensil/Equipment Ware Washing Area
 - Cooking / Reheating
 - Other _____

Central Food Preparation Unit Information:

CENTRAL PREPARATION/COMMISSARY (CFP) NAME: _____

CFP CONTACT PERSON & TITLE: _____

ADDRESS: _____ CITY/STATE _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

FOOD ESTABLISHMENT PERMIT ISSUED BY: _____ PERMIT #: _____

(ATTACH COPY OF PERMIT/LICENSE OF THE CENTRAL PREP/COMMISSARY ISSUED BY REGULATORY AGENCY OUTSIDE NET Health Jurisdiction)

Do other businesses other than Mobile Food Units use this commissary? Yes No If so, how many? _____

The Central Preparation/Commissary Facility has contracted with the Mobile Food Unit Operator to use my establishment located at the above address. I have read and agree to abide by NET Health District Order 2023-1.

SIGNATURE: _____ TITLE: _____ DATE: _____