



**Benton-Franklin Health District
Environmental Health Division**
7102 W. Okanogan Place • Kennewick, WA 99336
(509) 460-4205 or (800) 814-4323
www.bfhd.wa.gov

For Office Use Only	
App Accepted By:	

Commissary Application

A commissary is an approved food establishment where food is stored, prepared, portioned, or packaged for service elsewhere. It is also used for servicing, cleaning, sanitizing, supplying, and maintaining equipment and mobile units.

SECTION 1: INFORMATION FROM APPLICANT USING THE COMMISSARY

Date of Application	Application must be approved before beginning food service.	
Business Name	Telephone Number ()	Fax Number ()
Mailing Address	City	State and Zip Code

SECTION 2: COMMISSARY INFORMATION

Only a food establishment approved by this Department and within Benton and Franklin Counties may be used as a Commissary

Commissary Name	Daytime Phone
Commissary Address	City Zip Code

SECTION 3: COMMISSARY USAGE—TO BE COMPLETED BY APPLICANT

Note: Only a food establishment approved by this Department may be used as a Commissary

1. Will you store your unit at the commissary? (The unit must be stored either at the commissary or location of operation)	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you store <input type="checkbox"/> paper goods, <input type="checkbox"/> frozen food, and <input type="checkbox"/> refrigerated food at the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Will you get <input type="checkbox"/> potable water or <input type="checkbox"/> ice from the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Will you dispose of <input type="checkbox"/> waste water and <input type="checkbox"/> garbage at the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Will you wash and sanitize dishes at the commissary? If yes, how? <input type="checkbox"/> three-compartment sink or <input type="checkbox"/> dishwasher?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Will you wash fruits or vegetables (in a dedicated food preparation sink) at the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Will you <input type="checkbox"/> cook or <input type="checkbox"/> cool food at the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Will you have access to a restroom at the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Will you clean the mobile unit or cart at the commissary?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Commissary Hours Available to the Applicant

Sun: to **Mon:** to **Tue:** to **Wed:** to **Thu:** to **Fri:** to **Sat** to

SECTION 5: SIGNATURES

<p>To be understood and signed by the Commissary Owner:</p> <p>I, the owner or designee of the above listed Commissary, give permission to this applicant to use my establishment as a commissary for each of the items listed as "Yes" in Section 3 of this application.</p>	<p>To be understood and signed by the Applicant:</p> <p>I, the Applicant, agree to use the above listed commissary for all items listed as "Yes" in Section 3 of this application. If any information on the application changes, either by will of the commissary owner or myself, I will notify the Benton-Franklin Health District for approval.</p>
Signature of Commissary Owner	Signature of Applicant
Printed Name/Date	Printed Name/Date

Comments from Commissary Owner: