

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

Commissary Letter of Agreement

SECTION 1- Mobile Food Unit or Caterer Information					
Owner Name			Phone Number () -		
Owner Mailing Address			Permit Number 46-48-		
City			Zip Code		
I hereby certify the provided information is correct and understand permit approval is contingent upon verification of an approved commissary.					
Print Name (owner of MFU or caterer)		Signature (owner)		Date:	
SECTION 2- Primary Commissary Information (Filled Out By Commissary Personnel)					
Primary Commissary Name					
Commissary Address					
City			Zip Code		
Primary Phone Number () -					
Commissary License/ Permit Number 46-48-			Primary E-Mail Address		
Licensed By:	<input type="checkbox"/> Department of Health		<input type="checkbox"/> Other (Please Specify):		
Water Supply of Primary Commissary	<input type="checkbox"/> Municipal/ Utility		Supplier Name:		
	<input type="checkbox"/> On-Site Well		Permit Number:		
Wastewater Disposal of Primary Commissary	<input type="checkbox"/> Municipal/ Utility		Supplier Name:		
	<input type="checkbox"/> Septic Tank System		Operating Permit #:		
	<input type="checkbox"/> Package Plant				
I intend to provide the following activities at this commissary:					
Dishwashing		Yes No	Storing of food and dry goods (room temperature)		Yes No
Dumping wastewater		Yes No	Cold Storage of food (include ice and drinks)		Yes No
Receiving potable water		Yes No	Cooking and/or reheating food		Yes No
Washing outside of Mobile Unit		Yes No	Three Compartment Sink		Yes No
Restroom Facilities		Yes No	Equipment Washing		Yes No
Other (Specify):					
Signing this document verifies agreement to allow mobile food unit, or caterer, to utilize specific portions of commissary facility. Inspections will be conducted by Okaloosa County Health Department Personnel on that particular portion of the facility under applicable permit number for caterer or mobile food unit.					
Print Name (Person in Charge of Commissary)			Signature (Person in Charge of Commissary)		Date: