



County of Fairfax, Virginia

To protect and enrich the quality of life for the people, neighborhoods and diverse communities of Fairfax County

Approved Facility/Commissary Use Agreement

A catering operation or mobile food unit is required to operate from an approved facility where any foods sold or given away to the public must be prepared and sold. This form is required to be submitted at the time of application for a Department of Health Food Establishment Permit. The Health Department will verify the information provided on this form. **Please submit a copy of the contract with the approved facility/commissary along with the permit application. A private residence may not serve as the approved facility/commissary.**

APPLICANT INFORMATION

Facility Type: Catering Operation Mobile Food Truck Mobile Food Trailer Pushcart Other: _____

Owner Name: _____ Business Name: _____

Owner Address: _____ City, State, Zip: _____

Email: _____ Telephone: _____ Mobile: _____

Place an "X" in the boxes next to ALL support services the approved facility/commissary will provide for your operation:

- | | | |
|--|---|--|
| <input type="checkbox"/> Facilities to prepare or package food | <input type="checkbox"/> Potable (drinkable) water supply | <input type="checkbox"/> Overnight parking (truck/trailer) |
| <input type="checkbox"/> Electrical hook-up | <input type="checkbox"/> Warewashing facility | <input type="checkbox"/> Enclosed overnight parking (pushcart) |
| <input type="checkbox"/> Toilet & handwashing facilities | <input type="checkbox"/> Dry food storage | <input type="checkbox"/> Refrigeration/frozen food storage |
| <input type="checkbox"/> Waste tank/sewage disposal | <input type="checkbox"/> Waste grease removal | <input type="checkbox"/> Equipment/utensil storage |
| <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Chemical storage | <input type="checkbox"/> Food product supply source |

Length of contract: 6 Months 1 Year Not applicable. I am the owner of the approved facility/commissary.

*I, the above-mentioned owner/operator will operate out of the approved facility/commissary identified below. For mobile food trucks/trailers: I will report to the facility at least once per operating day for cleaning and servicing. I will store the vehicle and equipment at the facility or another location approved by the Health Department. **I understand that the use of the approved facility/commissary is required. If the use of the approved facility/commissary is discontinued, I will notify the Health Department at (703) 246-2201 to make necessary changes.***

Applicant Signature

Date

APPROVED FACILITY/COMMISSARY INFORMATION

Facility Type: Commissary Restaurant Rental Kitchen Other: _____

Name: _____

Address: _____ City, State, Zip: _____

Email: _____ Telephone: _____ Mobile: _____

Permit #: _____ Permit issued by: _____
(Regulatory Agency)

*I, the approved facility/commissary owner/operator, can and will provide the necessary support services, as indicated by the applicant, at my facility. I acknowledge that I am ultimately responsible for the maintenance and sanitation of this approved facility/commissary. **In addition, I will notify the Health Department when this agreement is terminated.***

Approved Facility/Commissary Owner Signature

Date

OUT-OF-COUNTY APPROVED FACILITY/COMMISSARY

If the approved facility/commissary permit is issued by any agency other than the Fairfax County Health Department, please provide copies of the approved facility/commissary permit to operate and last inspection report along with this agreement.

Office Use Only

APPROVED NOT APPROVED DATE ____/____/____ WAIVER: _____

Failure to comply with the Fairfax County Food and Food Handling Code may result in suspension of your operation.

Fairfax County Health Department • Division of Environmental Health

703-246-2201 TTY 711

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