



County of Fairfax, Virginia

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

Commissary Agreement for a Mobile Food Unit

A mobile food unit operating in Fairfax County is required to have a commissary serving as a base of operations for the mobile food unit. A completed commissary agreement is required at the time of application for a Department of Health Food Establishment Permit. The commissary must be able to provide the services necessary to support the mobile food unit operation. The Health Department will verify the information provided on this agreement. **A private residence may not serve as the commissary.**

MOBILE FOOD UNIT INFORMATION

Name: _____

Address: _____

Phone #: _____ Email: _____

Unit Type: Mobile Food Truck Mobile Food Trailer Food Peddler Pushcart Other: _____

Length of Agreement with Commissary: Monthly 6 Months 1 Year Not applicable. I am the owner of the commissary/restaurant.

Please indicate ALL support services the commissary will provide for your mobile food unit:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mobile food unit storage | <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food storage |
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Grease/cooking oil disposal | <input type="checkbox"/> Equipment/Utensils storage |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Chemical storage |
| <input type="checkbox"/> Warewashing facilities | <input type="checkbox"/> Mobile unit cleaning facilities | <input type="checkbox"/> Other: _____ |

COMMISSARY INFORMATION Commissary Days of Operation: SUN MON TUE WED THU FRI SAT

Name: _____

Owner: _____

Address: _____

Phone #: _____ Email: _____

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

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

_____	_____	Office Use Only <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED Date: _____
Mobile Food Unit Owner Signature	Date	
_____	_____	
Commissary Owner/Manager Signature	Date	

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

<http://fairfaxcounty.gov/hd/eh>

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