



# COMMISSARY SERVICE VERIFICATION

## Department of Health and Human Services Environmental Health Program

155 North First Avenue, Suite 160, MS-5  
Hillsboro, OR 97124 ♦ Telephone: (503) 846-8722

**This form is to be completed ONLY when the licensed owner of the Commissary provides ALL food service activities conducted at the Commissary to support a Mobile Food Unit operation. Commissaries may NOT supply meat products to other businesses unless they are USDA inspected.**

\*\*\*\*\*

- ➔ If the Mobile Food Unit arrives daily at the commissary **solely** to pick up clean utensils and food prior to operating and drop off used utensils at the end of the day, you are required to complete and return **this Commissary Service Verification** form.
- ➔ If the Mobile Food Unit **conducts any food service activities** at the commissary (e.g., utensil washing and/or any food preparation activities such as food washing, thawing, cooking, cooling, and reheating) **a separate Commissary License** in the mobile food unit owner's name must be obtained.

The following licensed food service establishment, known as \_\_\_\_\_  
located at \_\_\_\_\_  
hereby agrees to serve as a Commissary to \_\_\_\_\_

This agreement between the above mentioned two parties is valid only for the current calendar year. In the event that the agreement for commissary usage is terminated, the mobile food unit license is immediately suspended and all operations must immediately discontinue until the owner/operator of the mobile food unit secures the services of an approved commissary and provides another valid Commissary Service Verification form to the Washington County Environmental Health Program. This agreement becomes invalid if the commissary or food service establishment does not have a current license.

I agree to comply with the provisions of Chapter 624, Oregon Revised Statutes, and the Administrative Rules of the Oregon Department of Human Services pertaining thereto. I certify, as the legal owner of the business named herein, that the information provided is true and correct to the best of my knowledge. It is a Class B Misdemeanor to knowingly make any false written statement in connection with an application (ORS 162.085).

*All information provided is a matter of public record.*

Time(s) the Mobile Food Unit is serviced at the Commissary: \_\_\_\_\_

\_\_\_\_\_  
Commissary Owner's Signature Date Day Phone Number

\_\_\_\_\_  
Mobile Food Unit Owner's Signature Date Day Phone Number

### Licensing Agency Only:

Establishment Name: \_\_\_\_\_ Date: \_\_\_\_\_

Commissary Usage Approved by: \_\_\_\_\_ Denied by: \_\_\_\_\_

Name of Licensing Agency: \_\_\_\_\_ Phone Number: \_\_\_\_\_