



NAVAJO COUNTY PUBLIC HEALTH DISTRICT



COMMISSARY AGREEMENT

MAIN OFFICE
117 EAST BUFFALO STREET
HOLBROOK, AZ 86025
PHONE: 928.524.4750
FAX: 928.524.4754

SHOW LOW OFFICE
600 NORTH 9TH PLACE
SHOW LOW, AZ 85901
PHONE: 928.532.6050
FAX: 928.532.6054

I agree to report daily to the commissary listed below. The facility will be providing the following services to my food peddler/push cart/mobile food unit (check all that apply):

- | | | |
|-------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Chemical storage | <input type="checkbox"/> Facilities for food preparation |
| <input type="checkbox"/> Grey water disposal | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Vending unit cleaning facilities |
| <input type="checkbox"/> Warewashing facilities | <input type="checkbox"/> Food storage | <input type="checkbox"/> Vending unit storage |
- (i.e. 3 compartment sink)

Owner Name: _____ Telephone: _____

Business Name: _____ Telephone: _____

Permit Type: Pushcart Mobile Food Unit Food Service

Permit Number: _____

Signature: _____ Date: _____

This facility will be providing the following services for the above mentioned food peddler/pushcart/mobile food unit (check all that apply):

- | | | |
|-------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Chemical storage | <input type="checkbox"/> Facilities for food preparation |
| <input type="checkbox"/> Grey water disposal | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Vending unit cleaning facilities |
| <input type="checkbox"/> Warewashing facilities | <input type="checkbox"/> Food storage | <input type="checkbox"/> Vending unit storage |
- (i.e. 3 compartment sink)

Commissary Name: _____

Commissary Owner/Manager: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Signature: _____ Date: _____

Title: _____