Exeter Health Department

20 Court Street, Exeter NH 03833

603.773.6132/fax 603.773.6128

**COMMISSARY AGREEMENT**

|  |  |  |
| --- | --- | --- |
| Establishment Name: | | |
| Permit # | | |
| Address: | | |
| City: | State: | Zip: |
| Phone# | Fax# | Cell# |

This agreement between the commissary owner and the above establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary as specified below. This commissary agreement is not transferable to other parties and becomes null and void upon change of ownership of either party. It is the vendor’s responsibility to notify the Exeter Health Department in advance of any proposed changes or modifications to the agreement. Modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendors operating permit issued by the EHD. This suspension is effective until a new agreement is provided in writing to the EHD and approved.

**The services below will be provided to the vendor by the commissary owner:**

|  |  |  |
| --- | --- | --- |
| Potable Water | **Yes:** | **No:** |
| Wastewater Disposal |  |  |
| Garbage Disposal |  |  |
| Dry Storage Space |  |  |
| Refrigeration Space #Cubic Feet Provided |  |  |
| Freezer Space # Cubic Feet Provided |  |  |
| Bathroom Access |  |  |
| Ice Machine Access |  |  |
| Cart Storage Space |  |  |
| Food Prep Sink with Drain Board |  |  |
| 3-Compartment Sink with Drain Space On Each End |  |  |
| Employee Personal Item Storage Provided |  |  |
| Mop Sink Provided |  |  |
| Accessibility to Commissary Requires a Key? |  |  |

|  |
| --- |
| Commissary Hours of Operation Days of Week Time Opens AM: Time Closes PM: |
| Vendor Hours of Operation Days of Week Time Opens AM: Time Closes PM: |
| Days/Hours Vendor has Access to Commissary: |
| Name of Commissary: |
| Commissary Address: |

By signing this form, both parties understand that modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor’s operating permit issued by the Exeter Health Department.

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Printed name of Commissary Owner Signature of Commissary Owner Date

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Printed name of Establishment Owner Signature of Establishment Owner Date

(Vendor) (Vendor)