



Allegheny County Health Department Food Safety Program

2121 Noblestown Road, Suite 210, Pittsburgh, PA 15205-3956
phone: 412.578.8044 • fax: 412.578.8190 • AlleghenyCounty.us/FoodSafety

COMMISSARY AGREEMENT FOR MOBILES

Mobile food facilities are required to operate from a permitted, fixed food facility (commissary) as needed for food, potable water, waste disposal, warewashing, and other servicing (Article III, section 339.2).

Mobile Food Facility Information

The below section is to be completed by the person operating the mobile unit.

Mobile Unit Name (DBA): _____ ACHD Client ID: _____

Ownership Name (LLC, Inc.): _____ License Plate #: _____

Contact Person: _____ Cell Phone #: _____

Indicate the services the mobile food facility will be using at the commissary (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Water supply | <input type="checkbox"/> Mobile cleaning facilities | <input type="checkbox"/> Food storage |
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Supply/chemical storage |
| <input type="checkbox"/> Ware washing facilities | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Refrigeration |

Attach menu to this form.

Describe your operations/procedures (cooking, cooling, hot holding, prepackaged, etc.):

Select type of mobile unit (select one): Motorized/trailer Non-motorized

License Plate (if applicable): _____ VIN #: _____

Mobile Unit Signature: _____ Date: _____

Commissary Information

The below section is to be completed by the person operating the commissary being used by the above-mentioned mobile food facility.

Commissary Name (DBA): _____ ACHD Client ID: _____

Ownership Name (LLC, Inc.): _____ Address: _____

Contact Person: _____

Indicate the services you are allowing the mobile food facility to use at the commissary (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Water supply | <input type="checkbox"/> Mobile cleaning facilities | <input type="checkbox"/> Food storage |
| <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Supply/chemical storage |
| <input type="checkbox"/> Ware washing facilities | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Refrigeration |

Commissary Owner Signature: _____ Date: _____