COMMISSARY APPROVAL AGREEMENT

COMMISSARY NAME:_____DATE: _____

ADDRESS:_____
Street City State Zip

The Mobile Food Unit named below has my permission to use this facility:

Name on Vehicle	License Plate #	Name of Owner	VIN #
_____	_____	_____	_____

The following services may be performed at this commissary by the above units:

- ˆ Have access to facility at all times
- ˆ Have limited access to facility (if yes, access times: _____)
- ˆ Have access to inside preparation facilities
- ˆ Mobile food unit stored at commissary
- ˆ Mobile food unit washed out at commissary
- ˆ Potable water provided for filling water tanks on mobile unit
- ˆ Disposal of waste water via sanitary sewer allowed
- ˆ Storage of food products used on mobile unit
- ˆ Food products provided to mobile food unit

Comments _____

_____

Witness My/Our hands on this _____ day of _____, 20____.

_____ ___/___/___
Commissary Owner's Signature Date

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____,

20_____. By: _____
Print Commissary Owner's Name

SEAL _____
Notary Public, County of _____, State of Texas
My Commission Expires ____/____/____