

La Paz County Health Department

Marion Shontz, Director

1112 Joshua Ave., 206 Parker AZ 85344

928-669-1100 Fax 928-669-1100

Environmental Health Services Division

Appendix C Commissary Agreement

I agree to report to the commissary facility listed below each operational day for all supplies and for cleaning and service operations, including water tanks, disposal of waste water, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This facility meets all criteria for a food establishment as described in the Arizona Food Code under AAC R9-8-1.

I understand that failure to abide by this agreement may result in closure of the establishment or revocation of the permit to operate.

Owner/Operator Name (Please print) _____

Signature _____

Date _____

Commissary Operator Statement/Information

I agree to provide commissary services for the above temporary or mobile food service operator. My facility meets all the criteria for a food establishment per Arizona Food Code including ware washing facilities, hand sinks, utility sinks, food prep sinks, commercial grade cold holding equipment, commercial grade hot holding equipment, commercial grade cooking equipment, as well as proper storage of dry food items, paper goods, and cleaning chemicals/supplies.

Business Name of Commissary	
Health Department Permit Number	
NOTE: If not a La Paz County permitted facility, submit copy of permit with this application	
Street Address	
City/State/Zip	
Phone Number	
Owner/Operator/Manager Name (Please Print)	
Signature	
Date	

Approved by Health Inspector:

Date:

Environmental Health Services http://www.co.la-paz.az.us/health/ehd/ehd_main.htm

[Food Safety](#) [Onsite Wastewater Systems](#) [Recreational Permits](#) [Environmental Planning](#)

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