

COMMISSARY AGREEMENT LETTER

Executed On: 00/00/0000

State Of: (your state)

Health Department Address

Street

City, State, Zip

Commissary Owner/Manager

Name

Address

[hereby referred to as CO]

Your Company Name or DBA

[hereby referred to as VR]

CO hereby agrees to allow use of the commercially licensed kitchen for the storage, preparation and packaging of food items as it relates the operations of and for VR.

VR will be given access as needed and agreed upon to sinks, cold and dry storage. Ultimately, CO determines amount and use times that do not conflict with their own use. CO requirements and business demands shall supersede any part of this agreement when storage, usage conflicts or schedules conflict.

CO commercial kitchen is licensed and in good standing with above listed Health Department.

VR agrees to keep all used areas clean and abide by all health department codes including but not limited to any requirements or restrictions CO may require.

CO is not responsible and shall not be held liable for any actions brought upon VR, it's employees and/or owners and is in no way affiliated with the VR. This agreement is may be terminated at any time and the Health Department will be notified in the event of termination.

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Commissary Owner/Manager

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Vendor / Catering Company