

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Ron DeSantis**  
Governor

**Scott A. Rivkees, MD**  
State Surgeon General

**Vision:** To be the **Healthiest State** in the Nation

## Commissary Letter of Agreement

SECTION 1- Mobile Food Unit or Caterer Information			
Owner Name		Phone Number ( ) -	
Owner Mailing Address		Permit Number <b>46-48-</b>	
City		Zip Code	
<b>I hereby certify the provided information is correct and understand permit approval is contingent upon verification of an approved commissary.</b>			
Print Name (owner of MFU or caterer)		Signature (owner)	Date:
SECTION 2- Primary Commissary Information (Filled Out By Commissary Personnel)			
Primary Commissary Name			
Commissary Address			
City		Zip Code	
Primary Phone Number ( ) -			
Commissary License/ Permit Number <b>46-48-</b>		Primary E-Mail Address	
Licensed By:	____ Department of Health		____ Other (Please Specify):
<b>Water Supply of Primary Commissary</b>	____ Municipal/ Utility	Supplier Name:	
	____ On-Site Well	Permit Number:	
<b>Wastewater Disposal of Primary Commissary</b>	____ Municipal/ Utility	Supplier Name:	
	____ Septic Tank System	Operating Permit #:	
	____ Package Plant		
<b>I intend to provide the following activities at this commissary:</b>			
Dishwashing	Yes No	Storing of food and dry goods (room temperature)	Yes No
Dumping wastewater	Yes No	Cold Storage of food (include ice and drinks)	Yes No
Receiving potable water	Yes No	Cooking and/or reheating food	Yes No
Washing outside of Mobile Unit	Yes No	Three Compartment Sink	Yes No
Restroom Facilities	Yes No	Equipment Washing	Yes No
Other (Specify):			
<b>Signing this document verifies agreement to allow mobile food unit, or caterer, to utilize specific portions of commissary facility. Inspections will be conducted by Okaloosa County Health Department Personnel on that particular portion of the facility under applicable permit number for caterer or mobile food unit.</b>			
Print Name (Person in Charge of Commissary)		Signature (Person in Charge of Commissary)	Date:

