



## City of Portsmouth, Health Department

1 Junkins Avenue, Portsmouth, NH 03801  
(603) 610-7238 / Fax: (603) 427-1593

### 2024-2025 Mobile Commissary Agreement

**Both sides** of this form must be filled out completely in order for your application to be processed.

Name and Address of Commissary: \_\_\_\_\_

Owner of Commissary: \_\_\_\_\_

If the Commissary is located outside of Portsmouth, NH, attach copies of the Food Permit and most recent inspection report for that Commissary.

I hereby certify that I have given permission to \_\_\_\_\_  
(Mobile Unit Owner)

to store and prepare food, clean and sanitize equipment and fill unit with potable water and dump waste into approved mop sink on my premises

Name of Mobile Unit \_\_\_\_\_ Owner: \_\_\_\_\_

Located: \_\_\_\_\_

This vendor may use the Commissary for daily use during the following times: \_\_\_\_\_

Water Supply of Primary Commissary      Municipal/Utility      On-site well

Wastewater Disposal of Primary Commissary      Municipal/Utility      On-site septic

The following activities are allowed, and the Commissary has the ability to provide: Please check.

Dish or equipment washing <input type="checkbox"/> Yes <input type="checkbox"/> No	Storing of food and dry goods (room temperature) <input type="checkbox"/> Yes <input type="checkbox"/> No
Washing the outside of the vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Cold Storage of food (including ice and drinks) <input type="checkbox"/> Yes <input type="checkbox"/> No
Restroom facilities <input type="checkbox"/> Yes <input type="checkbox"/> No	Three compartment sink <input type="checkbox"/> Yes <input type="checkbox"/> No
Cooking and/or reheating food <input type="checkbox"/> Yes <input type="checkbox"/> No	Other (Describe below) <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe other activities here: _____	
<input type="checkbox"/> Wastewater disposal	<input type="checkbox"/> Disposal of rubbish & garbage
<input type="checkbox"/> Potable water supply	<input type="checkbox"/> Hot & cold water for vehicle cleaning
<input type="checkbox"/> Electrical hookups	<input type="checkbox"/> Chemical storage
	<input type="checkbox"/> Overnight vending unit storage
	<input type="checkbox"/> Food storage facilities
	<input type="checkbox"/> Janitorial sink

**\*ALL FOODS MUST COME FROM A LICENSED FACILITY\***

The above licensed Food Service Establishment (Commissary) is to be used for all preparation and storage of food and single service items, dishwashing activities as needed, and mobile unit servicing needs, and these activities must take place at the commissary each day of operation.

In the event either party terminates the Commissary Agreement, the Mobile Food Unit permit is immediately suspended, and all food and beverage operations shall immediately cease. The owner/operator of the Mobile Food Unit must secure the services of another approved Food Service Establishment (Commissary) and provide another signed Commissary Agreement to the Portsmouth Health Department prior to operation. This agreement becomes invalid if the above Food Service Establishment (Commissary) does not have and maintain a valid Food Establishment Permit. This agreement is subject to approval by the City of Portsmouth Health Department.

Signing this document will allow Food Inspectors entry to my business during normal hours of operation for evaluation of facilities.

Print Name (of Person in Charge of Commissary)	Signature (of Person in Charge of Commissary)
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(Name) \_\_\_\_\_ states that he/she/they have your  
(Mobile Unit Owner)

permission to use your commissary/retail food establishment as base of operation for the purpose of storing food and supplies used for the mobile retail food establishment, necessary preparation of food, filling unit with potable water, cleaning of the unit, sanitize equipment, and dumping of wastewater from storage tanks.

To qualify as an approved commissary, you must:

1. Provide approved potable water supply to mobile retail food establishments.
2. Provide an approved area for the storage and preparation of food products and supplies, with approved, properly installed equipment.
3. Provide an approved area with an approved 3-compartment sink/dishwasher for the washing, rinsing, and sanitizing of utensils and equipment.
4. Pass inspections with a score of 80% or better and provide a copy of the most current inspection.
5. Provide direct access to an approved mop sink for proper wastewater disposal from holding tanks.
6. Provide a copy of a valid/current Retail Food Establishment License for commissary/retail food establishment.
7. Post and maintain a daily log (check-in/out) sheet, signed by the mobile retail food establishment owner/representative and yourself each day that your commissary is used by the mobile retail food establishment.

You must notify the Portsmouth Health Department immediately if you terminate this agreement. You must also certify under penalty of perjury that you are the legal owner and/or operator of this commissary/retail food establishment and will abide by the contents of this letter.

\_\_\_\_\_  
Signature of Commissary Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Commissary Owner



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### Instructions:

Post and maintain a daily log (check-in/out) sheet, signed by the mobile retail food establishment owner/representative and yourself each day that your commissary is used by the mobile retail food establishment.

Date	Vendor Name	Vendor's Signature	Signature of Commissary Person in charge