



**KCMO HEALTH DEPARTMENT**  
**ENVIRONMENTAL PUBLIC HEALTH PROGRAM**  
2400 TROOST AVE, SUITE 3200  
KANSAS CITY, MO 64108  
Phone: (816) 513-6315 Fax: (816) 513-6290

Permit Number: \_\_\_\_\_

## COMMISSARY AGREEMENT

I agree to report to the commissary facility listed below each operational day for all cleaning and service operations, including filling water tanks disposal of wastewater, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This commissary facility meets all criteria for a commissary as described in the current KCMO Health Department guidelines.

Failure to abide by this agreement may result in legal action being taken to revoke your Health Department permit to operate.

DOING BUSINESS AS (Name of business): \_\_\_\_\_

OWNER (Of unit): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I agree to provide commissary services for the above unit. My commissary facility meets all commissary requirements.

BUSINESS NAME (of commissary): \_\_\_\_\_

OWNER OR MANAGER NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_\_) \_\_\_\_\_ FAX: \_\_\_\_\_

HEALTH DEPARTMENT PERMIT NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_