

Exeter Health Department
 20 Court Street, Exeter NH 03833
 603.773.6132/fax 603.773.6128

COMMISSARY AGREEMENT

Establishment Name:		
Permit #		
Address:		
City:	State:	Zip:
Phone#	Fax#	Cell#

This agreement between the commissary owner and the above establishment owner (herein referred to as vendor) signifies that both parties agree to use and allow the use of the commissary as specified below. This commissary agreement is not transferable to other parties and becomes null and void upon change of ownership of either party. It is the vendor's responsibility to notify the Exeter Health Department in advance of any proposed changes or modifications to the agreement. Modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendors operating permit issued by the EHD. This suspension is effective until a new agreement is provided in writing to the EHD and approved.

The services below will be provided to the vendor by the commissary owner:

	Yes:	No:
Potable Water		
Wastewater Disposal		
Garbage Disposal		
Dry Storage Space		
Refrigeration Space #Cubic Feet Provided		
Freezer Space # Cubic Feet Provided		
Bathroom Access		
Ice Machine Access		
Cart Storage Space		
Food Prep Sink with Drain Board		
3-Compartment Sink with Drain Space On Each End		
Employee Personal Item Storage Provided		
Mop Sink Provided		
Accessibility to Commissary Requires a Key?		

Commissary Hours of Operation	Days of Week	Time Opens AM:	Time Closes PM:
Vendor Hours of Operation	Days of Week	Time Opens AM:	Time Closes PM:
Days/Hours Vendor has Access to Commissary:			
Name of Commissary:			
Commissary Address:			

By signing this form, both parties understand that modification or cancellation of this agreement by either party for any reason may result in the suspension of the vendor's operating permit issued by the Exeter Health Department.

_____ Printed name of Commissary Owner	_____ Signature of Commissary Owner	_____ Date
_____ Printed name of Establishment Owner (Vendor)	_____ Signature of Establishment Owner (Vendor)	_____ Date