



- Approved janitorial sink (mop sink), toilet, utensil washing sinks and food preparation sink
- Approved hand washing facilities with wall mounted paper towel and liquid soap dispensers
- Maintains daily log sheet (check in/out) signed by commissary owner to verify caterers usage of facility

4. I, \_\_\_\_\_, above mentioned commissary owner, agree to notify SFDPH if the above mentioned caterer has discontinued operating at my commissary. I certify under penalty of perjury that I am the legal owner/operator of this facility and abide by the contents of this document. I am aware that my Permit to Operate may be jeopardized if found to be in violation of this agreement.

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<b>Commissary Owner</b> (Print Name)	<b>Signature</b>	<b>Date</b>
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**Notes:** Any permitted food facility may be used as a commissary provided the caterer has reasonable access, use, equipment and storage as noted in the list above (#3).

Provide a copy of the Permit to Operate and most recent Inspection Report of the facility to the caterer for submission to SFDPH.

**For Department of Public Health Office Use Only**

Special application or facility notes: \_\_\_\_\_

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