



An Affidavit approval by the Department of Environmental Health does not imply an approval on behalf of any other regulatory agency. It is recommended that all vendors verify with the Denver Department of Excise & Licenses that the proposed commissary may be used.

BFN: _____
Exp Date: _____

Department Of Environmental Health

200 W. 14th Ave, Suite 200
Denver, Co 80204
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Affidavit of Commissary

Completed by Vendor

Business Type (Check all that apply):

Mobile Cart Peddler Caterer/Other Temporary New Renewal

Vendor Business/Trade Name: _____ Contact Name: _____

Vendor Business/Mailing Address: _____

Vendor Telephone Number: _____

Vendor Email: _____

As owner/representative of the above named business, I offer this affidavit as proof that my food will be prepared in a licensed facility in accordance with the laws governing mobile and temporary food vendors in the City and County of Denver (Article III, Chapter 23 of the Denver Revised Municipal Code). I acknowledge that I will submit a new affidavit for approval before I resume selling food if I cease to use this facility as my commissary. I understand that failing to return to the commissary as required may result in a summons to court and revocation of my license.

I affirm that the above information is correct and true by signing below.

Signature of Proposed Mobile/Temporary Food Service Establishment Operator _____ *Date*

Completed by Commissary Operator

Commissary name: _____ Contact Name: _____

Commissary address: _____ Telephone number: _____

This is a licensed facility and is inspected by the following regulatory agency: _____

As owner/representative of this facility confirm that the vendor noted above has permission to operate from the above listed commissary. I read, understand, and affirm my responsibilities under Section 9-7 Commissary in the City and County of Denver, Retail Food Establishment Regulations as adopted by the Board of Environmental Health. I will notify the City and County of Denver, Department of Environmental Health, Public Health Inspections Division if the vendor ceases to use this facility as required. I understand that failing to notify the Department as required, or failing to adhere to the rules and regulations that govern commissaries may result in a summons to court and revocation of my license.

Signature of Commissary Operator _____ *Date*

----- **Do Not Write Below This Line** -----

Inspector Name: _____ Inspector Signature: _____

DEH ID: _____ Date: _____ Phone Number: _____

Approved Denied Approved with Conditions: _____

EVENTS PARTICIPATING: _____