

## 2019 Affidavit of Commissary



Completed by Business Operator

Business' Name: \_\_\_\_\_ Business' LLC/CORP: \_\_\_\_\_  
 Owner/Operator's Name: \_\_\_\_\_  
 Operator's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Operator's Email: \_\_\_\_\_  
 Operator's Telephone Number: \_\_\_\_\_ EIN # (Federal Tax ID): \_\_\_\_\_

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 the designated business type in the City and County of Denver's Food Establishment Rules and Regulations, Chapter 23 of the Denver Revised Municipal Code. Please initial below:

\_\_\_\_\_ I will submit a new affidavit for approval **before** I resume selling food if I cease to use the facility listed below as my commissary.

\_\_\_\_\_ I understand that all food must be stored and prepared at the commissary below; **no** food may be stored or prepared in a home.

\_\_\_\_\_ I understand that failing to utilize my commissary as required may result in enforcement action.

If applicable, what temporary events are you participating in:  420 Rally  Cinco de Mayo  Five Point Jazz Festival  Pridefest  
 Bacon & Beer  People's Fair  Cherry Creek Arts  Juneteenth  Dragon Boat  International Fest  The Big Eat  
 Taste of Colorado  Tacolandia  Westword Feast  Grandoozy  Farmer's Market/Other: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Business Owner/Operator

\_\_\_\_\_  
Date

Completed by Commissary Operator

Commissary Name: \_\_\_\_\_ Operator's Name: \_\_\_\_\_  
 Commissary Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_  
 Commissary is regulated by:  Denver  Jefferson County  Tri-County  Other: \_\_\_\_\_  
 Commissary Email Address: \_\_\_\_\_  
 Commissary Agreement: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Commissary is providing the following items for the above noted operator/business:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Cold storage                | <input type="checkbox"/> Grease Disposal         | <input type="checkbox"/> Drinking/potable water hose | <input type="checkbox"/> Dish washing      |
| <input type="checkbox"/> Dry storage                 | <input type="checkbox"/> Food preparation tables | <input type="checkbox"/> Mobile unit storage         | <input type="checkbox"/> Cooking equipment |
| <input type="checkbox"/> Clean water/ water disposal | <input type="checkbox"/> Ice machine             | <input type="checkbox"/> Food preparation sink       | <input type="checkbox"/> Cooling equipment |

As owner/representative of this facility, I confirm that the operator above has permission to utilize my facility as a commissary for their designated business. I read, understand, and affirm my responsibilities as a commissary operator in accordance with the laws governing commissaries in Chapter 12 of the City and County of Denver's Food Establishment Rules and Regulations, Chapter 23 of the Denver Revised Municipal Code.

Please initial the lines below:

\_\_\_\_\_ I will notify the Department of Public Health and Environment if the vendor ceases to use this facility as required.

\_\_\_\_\_ I will maintain logs/records indicating both the intended schedule as well as the actual schedule in which the above operator uses my facility.

\_\_\_\_\_ I understand that failing to adhere to the rules and regulations that govern commissaries may result in enforcement action.

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

\_\_\_\_\_  
Signature of Commissary Operator

\_\_\_\_\_  
Date

Completed by Public Health Investigations Division

Business Type (please only select one): \_\_\_\_\_ Renewal or New License: \_\_\_\_\_  
 Temporary  Wholesaler  Peddler  Caterer  Kiosk  Renewal  New  
 Mobile Truck  Mobile Trailer  Mobile Cart  Other: \_\_\_\_\_

Approved  Denied  Approved with Conditions: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

EST ID: \_\_\_\_\_ INS #(s): \_\_\_\_\_ BFN #: \_\_\_\_\_