

## 2018 Affidavit of Commissary

Completed by Business Operator

Business' Name: \_\_\_\_\_ Operator's Name: \_\_\_\_\_

Operator's Mailing Address: \_\_\_\_\_

Operator's Telephone Number: \_\_\_\_\_ Operator's 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 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. I acknowledge that 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 failing to utilize my commissary as required may result in enforcement action.

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

\_\_\_\_\_  
*Signature of Proposed Business Operator*

\_\_\_\_\_  
*Date*

Completed by Commissary Operator

Commissary Name: \_\_\_\_\_ Operator's Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Commissary Email Address: \_\_\_\_\_

Commissary Agreement: Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

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

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. 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 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 Inspections Division

**Business Type (please only select one):**

**Renewal or New License:**

- |                                       |   |                                      |                                       |                                |                                  |                              |
|---------------------------------------|---|--------------------------------------|---------------------------------------|--------------------------------|----------------------------------|------------------------------|
| <input type="checkbox"/> Temporary    | <input type="checkbox"/> Wholesaler     | <input type="checkbox"/> Peddler     | <input type="checkbox"/> Caterer      | <input type="checkbox"/> Kiosk | <input type="checkbox"/> Renewal | <input type="checkbox"/> New |
| <input type="checkbox"/> Mobile Truck | <input type="checkbox"/> Mobile Trailer | <input type="checkbox"/> Mobile Cart | <input type="checkbox"/> Other: _____ |                                |                                  |                              |

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

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

EST ID: \_\_\_\_\_ INS #: \_\_\_\_\_ INS #: \_\_\_\_\_ BFN #: \_\_\_\_\_

Temp Event(s): \_\_\_\_\_