

# Affidavit of Commissary

 License Type:  Caterer  Commissary Based Operation  Mobile  Peddler  Temporary  Wholesale

*Note: If you are operating multiple stands/mobiles, such as Tim's Tacos #1 and Tim's Tacos #2, you will need to obtain separate licenses for each and submit separate affidavits for each one as well.*

**Completed by Business Operator**

Business Name: \_\_\_\_\_ Business LLC/INC: \_\_\_\_\_

Owner/Operator's Name: \_\_\_\_\_ Operator's Telephone Number: \_\_\_\_\_

Operator's Email Address: \_\_\_\_\_ License Plate of Mobile Unit: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Hemp Derived Cannabinoids (Y / N)?: \_\_\_\_\_

Intended Weekly Commissary Schedule (Put N/A on days you do not work at the commissary):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Start Time</b>							
<b>End Time</b>							

 How do you record your time at the commissary?  Sign-in sheet  Electronic Punch  Other: \_\_\_\_\_

As owner/representative of the above-named business, I offer this affidavit as proof that I will prepare my food in a licensed food facility under the laws governing my business type in the City and County of Denver's Food Establishment Rules and Regulations, Chapter 23 of the Denver Revised Municipal Code.

- ❖ I will submit a new affidavit for approval if change the commissary listed below.
- ❖ I will not use my home to store or prepare food.
- ❖ I understand that not using my commissary may result in fines or disposal of food.

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

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

 \_\_\_\_\_  
*Date*
**Completed by Commissary Operator**

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

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

 Commissary is regulated by:  Denver  Other: \_\_\_\_\_

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

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

**Select the boxes below for what the business above will be using the commissary for:**

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Refrigerated/Freezer storage  | <input type="checkbox"/> Grease Disposal         | <input type="checkbox"/> Potable water hose    | <input type="checkbox"/> Dish washing      |
| <input type="checkbox"/> Non-refrigerated Food 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 use my facility as a commissary for their business. I understand my responsibilities as a commissary operator under the rules for 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 Health Department if the vendor stops using this facility.
- ❖ I will maintain logs/records for when the operator uses my facility.
- ❖ I understand that not following the rules and regulations for commissaries may result in fines and I may lose my ability to act as a commissary.

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

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

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