

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
Start Time							
End Time							

 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