

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 | | | | | | 10 am | |
| End Time | | | | | | 6 pm | |

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