DENVER
PUBLIC HEALTH & ENVIRONMENT

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:

☐ Refrigerated/Freezer storage	☐ Grease Disposal	☐ Potable water hose	☐ Dish washing
☐ Non-refrigerated Food storage	☐ Food preparation tables	☐ Mobile unit storage	☐ Cooking equipment
☐ Clean water/ water disposal	☐ Ice machine	☐ Food preparation sink	☐ 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***

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