

# 2022 Affidavit of Commissary

Completed by Business Operator

Business' Name: \_\_\_\_\_ Business' LLC/CORP: \_\_\_\_\_

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

Operator's Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Operator's Email: \_\_\_\_\_ License Plate: \_\_\_\_\_

Operator's Telephone Number: \_\_\_\_\_ CBD Products (Y / N)?: \_\_\_\_\_

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. Please initial below:

\_\_\_\_\_ 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 all food must be stored and prepared at the commissary below; **no** food may be stored or prepared in a home.

\_\_\_\_\_ I understand that failing to utilize my commissary as required may result in enforcement action.

**Note: If you are operating multiple stands/booths/mobiles, such as Suzy's Lemonade #1 and Suzy's Lemonade #2, you will need to obtain separate licenses for each and submit separate affidavits to the department for approval.**

If applicable, which temporary events are you participating in:

☐ Bacon & Beer    ☐ Taste of Colorado    ☐ Cherry Creek Arts    ☐ 420 Rally    ☐ Dragon Boat    ☐ Farmer's Market \_\_\_\_\_  
☐ Tacolandia    ☐ Westword Feast    ☐ Juneteenth    ☐ Cinco de Mayo    ☐ Five Points Jazz Fest    ☐ Other: \_\_\_\_\_

**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: \_\_\_\_\_

Commissary is regulated by: ☐ Denver ☐ Jefferson County ☐ Tri-County Other: \_\_\_\_\_

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

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

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

☐ Cold storage    ☐ Grease Disposal    ☐ Drinking/potable water hose    ☐ Dish washing  
☐ Dry 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 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. Please initial the lines below:

\_\_\_\_\_ I will notify the Department of Public Health and Environment if the vendor ceases to use this facility as required.

\_\_\_\_\_ I will maintain logs/records indicating both the intended schedule as well as the actual schedule in which the above operator uses my facility.

\_\_\_\_\_ 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

**\*\*ATTENTION:** All asterisked (\*) licenses below must have the bottom section completed by PHL, via email or in person, prior to submitting to the Department of Excise and Licenses. Excludes mobiles.

Business Type (please only select one):

Change of Commissary / Renewal / New License:

☐ Temporary\*    ☐ Wholesaler\*    ☐ Peddler\*    ☐ Caterer\*    ☐ Kiosk\*    ☐ Commissary Change    ☐ Renewal    ☐ New  
☐ Mobile Truck    ☐ Mobile Trailer    ☐ Mobile Cart    ☐ Other: \_\_\_\_\_

☐ Approved    ☐ Denied    ☐ Approved with Conditions: \_\_\_\_\_

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

EST ID: \_\_\_\_\_ INS #(s): \_\_\_\_\_ BFN #: \_\_\_\_\_

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