

MOBILE FOOD UNIT REQUIREMENTS AND PLAN REVIEW APPLICATION



Public Health
Prevent. Promote. Protect.

**Rock Island County
Health Department**

Environmental Health

309-558-2840

2112 25th Avenue

Rock Island, Illinois 61201

www.richd.org

Mobile Food Unit Requirements

What is a Mobile Food Unit?

A Mobile Food Unit is a vehicle-mounted food establishment designed and operated to be readily moveable, e.g. mobile truck moving from location to location continuously. The unit shall not have permanent connections to water, wastewater, or electricity. This term includes trailer-mounted kitchens.

Do All Mobile Food Units have to have a Food Safety License?

Yes. All food establishments operating in Rock Island County must have a Food Safety License issued by the Rock Island county Health Department.

What regulations apply to Mobile Food Units?

- FDA Code
- Illinois Food Code
- Any other applicable local or state ordinances or codes, including City or Township ordinances, Zoning Codes, Plumbing Code, Fire Code, etc.

What types of licenses are available for Mobile Food Units?

There are two types of licenses available for Mobile Food Units:

- Temporary Event Licenses- These licenses are valid for up to 14 consecutive days at the same location in conjunction with an event.
- Mobile Food Unit License- This license is valid for all locations within Rock Island County **EXCEPT for Moline, East Moline, and Rock Island (city of)**. Each of these cities offer their own license which must be approved and fees paid to each city individually to operate there i.e. if you plan to operate in Moline and Rock Island you must get a license from both cities to operate.

What Are the General Requirements For a Mobile Food Unit?

General

- ❖ All Mobile Food Units are required to operate in conjunction with a licensed commissary. The Mobile Food Unit must return to the commissary daily for all cleaning and servicing operations including the filling of the water tank and emptying of wastewater tank. If the licensed commissary is not under the same ownership as the Mobile Food Unit, a Commissary Agreement must be submitted with the plan review application. If the commissary is located outside of Rock Island County, a copy of the current food license and most recent inspection report must be submitted.
- ❖ A Mobile Food Unit Itinerary and Operating Schedule must be provided and updated as needed.
- ❖ Mobile Food Units must have a source of power to operate cooking equipment, pumps, and refrigeration units.
- ❖ Only single use articles such as to-go containers, paper plates, and plastic utensils may be provided for the use by the consumer.
- ❖ All food must be from an approved source.
- ❖ A Certified Food Protection Manager must be present at the Mobile Food Unit at all times. All other employees must have approved Food Handler Training.

Continued...

What Are General Requirements For a Mobile Food Unit? (Continued)

Plumbing

- ❖ All plumbing must meet Plumbing Code and be done by a Licensed Plumber.
- ❖ Hand washing sinks are required and must be convenient and easily accessible to all food handlers.
- ❖ A three-compartment sink is required. It must be large enough that each compartment can accommodate the largest item to be cleaned. Drain boards are required on both sides.

Food Equipment and Surfaces

- ❖ All surfaces must be non-absorbent, smooth and easily cleanable
- ❖ Enough refrigeration or freezer units must be available to keep food items at 41 degrees F or less at all times.
- ❖ Enough hot holding equipment must be available to maintain hot foods 135 degrees F or above at all times.
- ❖ Walls, floors and ceilings must meet the FDA Food Code Requirements.
- ❖ All lighting must be shielded to protect food surfaces and surfaces from the possibility of contamination due to broken glass.

Pest Control

- ❖ All Mobile Food Units must be completely enclosed.
- ❖ Doors and windows must protect against the entrance of pests. Doors must be self-closing. Windows must be screened with a material that is 16-mesh to the inch or finer.
- ❖ Food Service windows must also protect against the entrance of pests by means of sliding windows, screening, air curtains or other means.

Water Supply

- ❖ The Mobile Food Units must have a potable water system under pressure.
- ❖ The water system must be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning and sanitizing and hand washing.
- ❖ The water inlet must be located so that it will not be contaminated by waste discharge, road dust, oil, or grease and it must be capped unless being filled.
- ❖ The water inlet must be provided with a transition connection of a size or type that will prevent its use for any other service.
- ❖ A food grade hose must be used to fill the water tank.

Wastewater Disposal

- ❖ The Mobile Food Unit must have a permanently installed waste water retention tank that is at least 15 percent larger than the water supply tank.
- ❖ All connections on the vehicle for servicing the waste water tank must be of a different size or type than those used for supplying potable water to the unit.
- ❖ The waste connection shall be located lower than the water inlet connection to preclude contamination of the potable water system.
- ❖ The waste water retention tank must be thoroughly flushed and drained during servicing. All liquid waste must be discharged to a sanitary sewage disposal system.

Restrooms

- ❖ If a restroom is available on the Mobile Food Unit, it must have a hand washing sink supplied with hot and cold running water, soap and paper towels. The door to the restroom must be self-closing. The restrooms must have mechanical ventilation to the outside.
- ❖ If the Mobile Food Unit does not have an on-board restroom and will be at one location for two or more hours, alternative restrooms must be found within 200 feet of the location. A Restroom Agreement Form must be submitted for EACH location where the Mobile Food Unit will be located.

How is a Food Safety License obtained for a Mobile Food Unit?

Step One – Initial Inquiry

- Contact Environmental Health for a Plan Review Application Packet. The current FDA Food Safety Code <https://www.fda.gov/food/fda-food-code/food-code-2017>

Step Two – Submit Plans

The following items must be submitted before your plans will be evaluated.

- ❖ A completed Plan Review Application
- ❖ A labeled, scale drawing of your Mobile Food Unit showing the location of major appliances, sinks, etc.
- ❖ A copy of your proposed menu including a list of items which will be prepared at the commissary and a list of items which will be prepared on the Mobile Food Unit.
- ❖ Mobile Food Unit itinerary and operating schedule
- ❖ Commissary Agreement (if applicable)
- ❖ Copies of Commissary's current food license and most recent inspection report. (if applicable)
- ❖ Restroom Agreement (if applicable)
- ❖ Plan Review Fee payable by check, cash credit or debit card. American express is not accepted.

Step Three – Review Process

- The plans will be reviewed ONLY after all the above required documents and fees have been submitted.
- An incomplete Plan Review Application Packet will be returned. This will delay the approval process.
- All Plan Review Applications and any additional information or revisions will be reviewed in the order in which they are received.
- Please allow up to thirty (30) business days to review the plans once all required documents are received.

Step Four – Approval Process

- Changes to your plans or additional information may be required prior to plan approval.
- Any Changes to the submitted plans must be pre-approved by this department before construction begins.
- You must notify this department for approval should a change be made during construction.

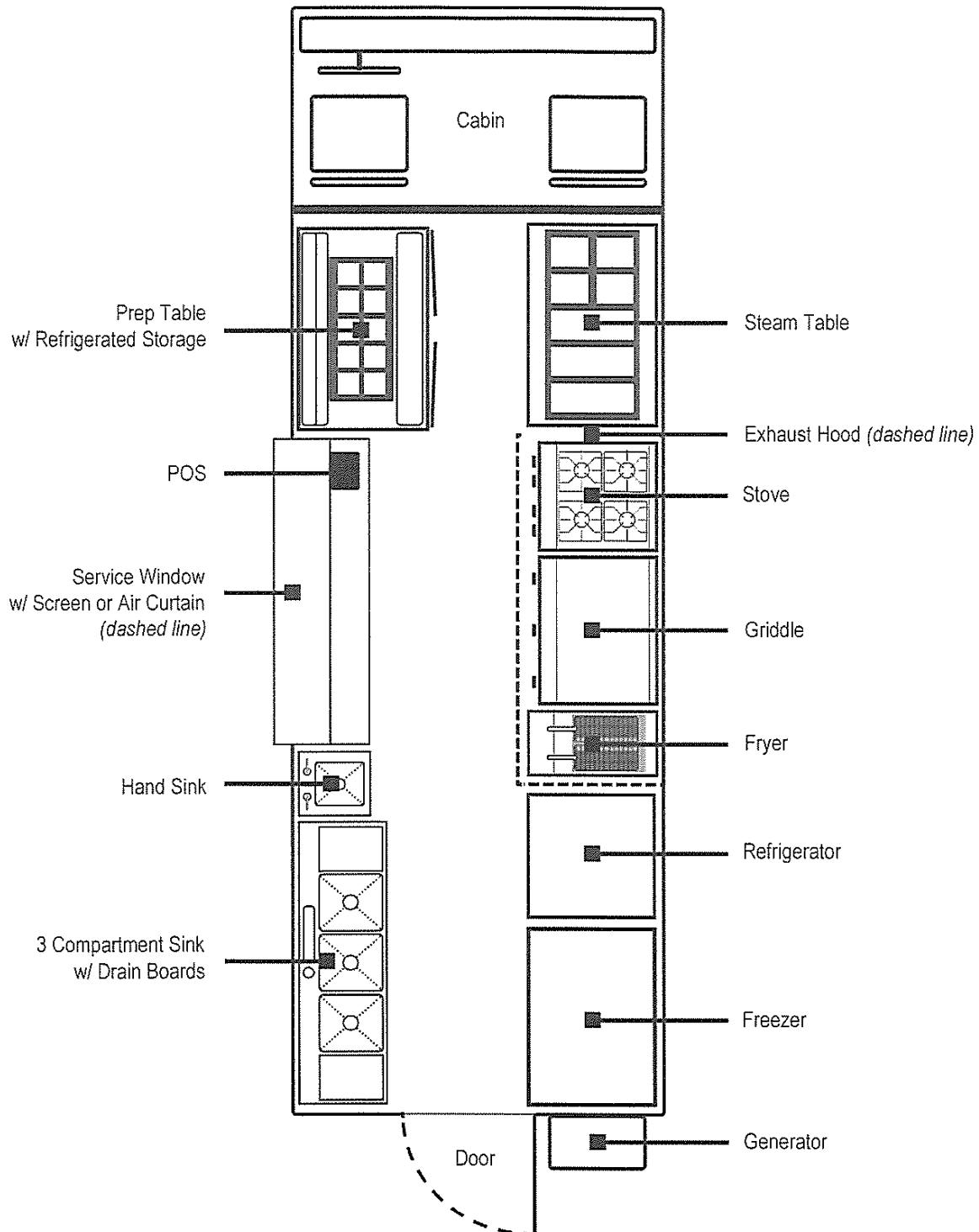
Step Five – Preliminary Inspection and Final Approval

- After your plans have been approved and work has begun, contact the Environmental Health Office to schedule a preliminary inspection (optional). A preliminary inspection report will be provided to you at this inspection. Items that require correction will be noted.
- When the Mobile Food Unit is finished, and all equipment is in place and operational, a final inspection can be scheduled. All equipment must be on and functioning properly during this inspection. If the establishment meets code and no major corrections are needed, final approval to operate will be given.
- License fees must be paid prior to final approval to operate.
- Please allow at least one week to schedule a preliminary or final inspection.

SAMPLE

Mobile Food Unit Floor Plan

Please include (at minimum): Major appliances, sinks, prep areas, coolers, service windows.



Mobile Food Unit Plan Review Application

The undersigned hereby makes application for a permit to operate a Mobile Food Unit in Rock Island County

Mobile Food Unit:

Vehicle Name (DBA) _____

License Plate Number: _____ Main Contact Phone Number: _____

Main Contact Person: _____

Licensee (Owner):

Name: _____

Address: _____

City: _____ State: _____ ZIP Code _____

Phone Number: _____ Fax Number _____

E-mail Addresses: _____

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership
☐ Corporation ☐ Other _____

Corporation Name: _____

Date of Incorporation: _____ State of Incorporation: _____

Address of Corporate Office _____

City: _____ State: _____ ZIP Code: _____

List Owner, Corporate Officers or General Partners (use additional sheets if necessary):

Name	Title	Residential Address

Send mailings to: ☐ Commissary ☐ Licensee (Owner)

Will the Mobile Food Unit operate seasonally?(8 months or fewer) ☐ Yes ☐ No

If YES, please provide the dates of operation: _____

Where will the Mobile Food Unit be stored when not in operation? _____

Commissary Information:

Mobile Units, SSV, and Multiple-Event Temporary Food Vendors must operate from a licensed commissary that is at least the same risk category or higher.

If the commissary is not located in Rock Island County, a copy of the commissary's Food License and most recent inspection must be submitted with this application.

Commissary Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____ E-Mail: _____

E-mail Address: _____

☐ The owner of the commissary is the same as the owner of the Mobile Unit or Multiple-Event Temporary Food Establishment.

☐ The owner of the commissary is **DIFFERENT** than the owner of the Mobile/Multi-Event Temp Food Establishment. *If the owners of the Mobile/ Multi-Event Temp Food Establishment and commissary are not the same, a commissary agreement must be submitted along with a copy of the commissary's Food License and most recent inspection.*

Please list the times that the Mobile Unit or Multi-Event Temp Food Vendor will be at the commissary:

	<i>Time(s)</i>
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Please mark the activities that will take place at the commissary:

Dish or equipment washing..... ☐ Yes ☐ No Storing dry goods ☐ Yes ☐ No
Dumping wastewater ☐ Yes ☐ No Preparation of food ☐ Yes ☐ No
Receiving potable water ☐ Yes ☐ No Cooking and/or reheating of food ☐ Yes ☐ No
Storing food (including ice and/or drinks) ☐ Yes ☐ No Throwing away of garbage ☐ Yes ☐ No

Will all foods and food equipment be stored at the commissary before and after events (no foods or food equipment will be stored in a private home?).....☐ Yes ☐ No

Is the water supply of the commissary:

☐ Public Name of District (as shown on bill) _____

☐ Well NCPWS# _____

Is the sewage disposal of the commissary:

☐ Public Name of District (as shown on bill) _____

☐ Septic System

Unless otherwise indicated, all questions apply to the Mobile Food Unit ONLY

I. General

Projected opening date _____

Is there seating on the Mobile Food Unit? ☐ Yes ☐ No

Number of staff (maximum per shift) _____

Total square feet of Mobile Food Unit _____

What is the power source of the Mobile Food Unit? _____

Is the Mobile Food Unit a: ☐ Truck ☐ Trailer ☐ Other—please describe _____

Will a highly susceptible population (elderly, young children, and/or immuno-compromised people) be served as the primary consumers? ☐ Yes ☐ No

Will only single-service articles (paper plates, plastic utensils, to-go boxes, etc.) be provided for use by the consumer? ☐ Yes ☐ No

II. Food

Are all food supplies from inspected and approved sources? ☐ Yes..... ☐ No

Will all shellfish tags and invoices be maintained for 90 days?..... ☐ Yes..... ☐ No..... ☐ N/A

Will game animals be prepared or sold? ☐ Yes..... ☐ No

Will sushi or sushi rice be made in the Mobile Food Unit? ☐ Yes..... ☐ No

Will juicing occur at the Mobile Food Unit?..... ☐ Yes..... ☐ No

Storage:

Is adequate and approved freezer and refrigeration available to store frozen foods, frozen and refrigerated foods at 41°F and below?..... ☐ Yes..... ☐ No

Does each refrigerator have a thermometer?..... ☐ Yes..... ☐ No

Will raw meats, poultry (including eggs) and seafood be stored in the same refrigerators and freezers with cooked and/or ready-to-eat foods?..... ☐ Yes..... ☐ No..... ☐ N/A

Will dry goods and single use items be stored at least 6 inches off the floor? ☐ Yes..... ☐ No

Is appropriate storage space provided for, based upon menu, meals, and frequency of deliveries?..... ☐ Yes..... ☐ No

Are containers constructed of safe materials to store bulk food products?..... ☐ Yes..... ☐ No..... ☐ N/A

Number of refrigeration units: _____ Number of freezer units: _____

How will cross-contamination be prevented during storage? _____

Preparation:

List all foods prepared more than 12 hours in advance of service (examples: coleslaw, sauces, dressings, potato salad, tuna salad, etc.):

Will all produce be washed prior to use?.....☐ Yes.....☐ No.....☐ N/A

If YES, where?..... ☐ Commissary..... ☐ Mobile Food Unit

Will disposable gloves and/or utensils be used to prevent bare hand contact with ready-to-eat foods?
..... ☐ Yes.....☐ No.....☐ N/A

All potentially hazardous foods which have been prepared or opened and will be held under refrigeration for more than 24 hours must be date marked to ensure the product is not held longer than 7 days, including the date of preparation.

Describe the date marking procedures that will be utilized: _____

Describe the procedure used for minimizing the length of time potentially hazardous foods will be kept in the temperature danger zone (41°F – 135°F) during preparation:

Thawing:

Food must be thawed using one of the following methods. Next to the thawing method, list which food items will be thawed using that method.

- ☐ Check here if no foods will be thawed.
- ☐ Check here if all thawing will occur at the commissary.

Thawing Method:	Food Items:
Refrigeration	
Under Running Water less than 70F	
Microwave (as part of the cooking process)	
Cooked from Frozen State	
Other (describe)	

Cooking:

- ☐ Check here if all cooking of foods will occur at the commissary.

Will food thermometers be used to measure the final cooking and reheating temperatures?.....☐ Yes.....☐ No.....☐ N/A

Will a consumer advisory be posted or added to the menu for all foods which are raw or under cooked?..... ☐ Yes.....☐ No.....☐ N/A

List all potentially hazardous foods which will routinely be served raw or under cooked such as sushi, steak tartar, oysters, hollandaise or béarnaise sauce, Caesar dressing, meringue, or egg-fortified beverages:

List all equipment that will be used for cooking: _____

Hot and Cold Holding:

List the equipment that will be used to maintain a temperature of 135°F or above for all potentially hazardous foods being hot held during service:

List the equipment that will be used to maintain a temperature of 41°F or below for all potentially hazardous foods being cold held during service:

If you will be using ice, as a supplement, for keeping food cold (such as condiments) how will the food be stored in the ice? Describe the procedure to maintain ice levels:

Cooling:

All potentially hazardous foods must be cooled from 135°F to 70°F within 2 hours and to 41°F within another 4 hours. List the food items that will be cooled next to the cooling method to be used.

- ☐ Check here if no foods will be cooled.
- ☐ Check here if all cooling will occur at the commissary.

<i>Cooling Method:</i>	<i>Food Items:</i>
Shallow Pans	
Ice Baths	
Reduce Volume or Size of Food (smaller portions or containers)	
Rapid Chill	
Other (describe)	

Reheating:

- ☐ Check here if all reheating will occur at the commissary.

List the equipment that will be used to rapidly reheat food to a temperature of 165°F within 2 hours for hot holding:

III. Personnel

Will all employees receive ANSI approved Food Handler Training? ☐ Yes.....☐ No

Is there a written policy to exclude or restrict food workers who are sick or have infected lesions? ☐ Yes.....☐ No

Are there written procedures available onsite for the clean-up of vomit and diarrhea? ☐ Yes.....☐ No

Are lockers provided for employees’ personal belongings?..... ☐ Yes.....☐ No
If NO, where will personal belongings be stored?

Will hand antiseptics (“sanitizers”) be used? ☐ Yes.....☐ No
If YES, attach proof of compliance with Code and procedures for use.

Will employees be required to use effective hair restraints?.....☐ Yes.....☐ No.....☐ N/A

Certified Food Protection Managers:

List all ANSI approved Certified Food Protection Managers (Provide additional proof of Allergen Training for all required CFPM):

<i>Name</i>	<i>Certification Number</i>	<i>Expiration Date</i>

IV. Structure

Floors, Walls, and Ceilings:

Are all floors constructed of a smooth, durable, easily cleanable material?.....☐ Yes.....☐ No

Are all walls and ceilings light-colored, smooth, non-absorbent, and easily cleanable?.....☐ Yes.....☐ No

Are all light fixtures, vent covers, wall-mounted fans, decorative materials, and similar equipment attached to walls and ceilings, easily cleanable?..... ☐ Yes.....☐ No

Is there adequate lighting in all areas of the kitchen, ware washing areas ,restrooms and storage areas?.....☐ Yes.....☐ No

Are shields provided for all lighting in food storage, preparation, service, and display units; as well as areas where utensils and equipment are cleaned and stored?.....☐ Yes.....☐ No

Equipment:

Specify how many of each are available:

<i>Small Equipment</i>	<i>Number</i>
Slicers	
Cutting Boards	

Can Openers	
Mixers	
Microwaves	
Tabletop Pizza Ovens	
Other (describe)	
Other (describe)	
Other (describe)	

Are all food contact surfaces smooth, easily cleanable, and non-absorbent?.....☐Yes.....☐No

Is all non-portable equipment that is placed on tables or counters either sealed to the table or counter
or elevated on legs 4 inches off the table or counter?.....☐ Yes.....☐ No

Is all floor-mounted equipment, unless readily moveable, sealed to the floor or elevated on legstoprovidea6-
inchclearance?.....☐Yes.....☐No

Sinks:

Do all sinks have hot and cold running water? ☐Yes.....☐ No

Is there a food preparation sink?.....☐Yes.....☐No.....☐N/A

Is there a hand washing sink in each food preparation and ware washing area?..... ☐ Yes.....☐ No

Do all hand washing sinks have a mixing valve or combination faucet? ☐ Yes.....☐ No

If applicable, do “push button” style hand sink faucets provide a flow of water
for at least 15 seconds without reactivation?.....☐Yes.....☐No.....☐N/A

Is soap available at all hand sinks? ☐Yes.....☐ No

Are paper towels or air dryers available at all hand sinks?..... ☐ Yes.....☐ No

Are waste receptacles provided at each hand sink? ☐Yes.....☐ No

Is there a dump sink?.....☐Yes.....☐No.....☐N/A

Is there a mop sink? ☐ Yes.....☐ No

Is there a three compartment sink?..... ☐ Yes.....☐ No

Does the largest pot and pan fit into each compartment of the three compartment sink? ☐ Yes.....☐ No.....☐ N/A

Are there drain boards on both ends of the three compartment sink?☐ Yes.....☐ No.....☐ N/A

Is there a dish machine?..... ☐ Yes.....☐ No

If the dish machine is hot water sanitizing, is there a booster heater
and mechanical ventilation? ☐ Yes.....☐ No.....☐ N/A

Do all dish machines have temperature/pressure gauges as required
that are accurately working?..... ☐ Yes.....☐ No.....☐ N/A

IV. Structure (continued)

Plumbing:
All plumbing, including repairs, must be completed by a licensed plumber.

Plumber Name:_____

License Number:_____

Is the hot water generator sufficient for the needs of the establishment?.....☐ Yes.....☐ No

Is there a water treatment device?..... ☐ Yes.....☐ No

Are there backflow prevention devices where required? ☐ Yes.....☐ No

Water Supply:

Where will water for the Mobile Food Unit be obtained?_____

What type of hose is used to fill the water storage tank?_____

What is the size of the water storage tank?_____

Will the water inlet be capped at all times except while being filled?..... ☐ Yes.....☐ No

Sewage Disposal:

Where will waste water from the Mobile Food Unit be disposed?_____

How will waste water from the Mobile Food Unit be disposed?_____

What is the size of the waste water storage tank?_____

Is the waste water storage tank drainage connection located lower than the water inlet connection? ☐ Yes.....☐ No

Are grease traps provided? ☐ Yes.....☐ No

If YES, where are they located?_____

Hoods:

How is the ventilation hood system cleaned? Include how often it is cleaned._____

Restrooms:

Is a restroom available on the Mobile Food Unit?.....☐Yes.....☐No

If YES,

Does the restroom have a hand sink with hot and cold running water, soap, and paper towels?.....☐ Yes.....☐ No

Is the restroom door self-closing?..... ☐ Yes..... ☐ No

Is the restroom equipped with mechanical ventilation?..... ☐ Yes.....☐ No

If NO,

Will the Mobile Food Unit be at the same location for more than 2 hours before returning to the commissary? *....☐ Yes.....☐ No

*If the Mobile Food Unit will be at the same location for more than 2 hours, a Mobile Food Unit Restroom Agreement must be signed for EACH location where the Mobile Food Unit will be operating.

IV. Structure (continued)

Pest Control:

How will the service window be protected from pests?

☐#16 mesh screening ☐ Air curtain ☐ Solid sliding window ☐ Other

Will all outside doors be self-closing and rodent proof? ☐ Yes.....☐ No

Are screen doors provided on all entrances left open to the outside?.....☐ Yes.....☐ No.....☐ N/A

Garbage and Refuse: Do all garbage containers, located inside, have lids?..... ☐ Yes.....☐ No

Where will garbage generated by the Mobile Food Unit be discarded? _____

V. Miscellaneous Laundry:

Where will clean linen be stored? _____

Where will dirty linen be stored? _____

Sanitizing: (PPM = parts per million)

How will utensils and equipment
be sanitized (list the concentration)

in the three compartment sink? ☐ Chlorine _____ppm ☐ Quat _____ppm ☐ Hot Water _____°F
☐ Other _____, _____ppm ☐ N/A

How will utensils and equipment
be sanitized (list the concentration)

in the dish machine?..... ☐ Chlorine _____ppm ☐ Quat _____ppm ☐ Hot Water _____°F
☐ Other _____, _____ppm ☐ N/A

How will cooking equipment, cutting boards,
counter tops, and other food contact surfaces
which cannot be submerged in sinks or put through

the dish machine be sanitized (list the concentration)?.....☐ Chlorine _____ppm ☐ Quat _____ppm
☐ Other _____, _____ppm

Will test strips be provided to measure the concentration strength?.....☐ Yes.....☐ No

Toxics:

Are insecticides/rodenticides/herbicides stored separately from cleaning and sanitizing agents?..... ☐ Yes.....☐ No

Are all toxics for use on the premises or for retail sale (this includes personal medication),
stored away from food preparation and storage areas?.....☐ Yes.....☐ No

Are all containers of toxics including spray bottles clearly labeled?.....☐ Yes.....☐ No

By signing, I certify that the above information is correct, and I fully understand the following:

- The plan review expires one year from the date of approval. If construction or remodeling is not started within that time period, it may be necessary to resubmit for a new review of the plans.
- Any changes or alterations to plans must have prior approval by the Rock Island County Health Department.
- Approval of these plans by the Rock Island County Health Department does not indicate compliance with any other code, law, or regulation that maybe required. It further does not constitute endorsement or acceptance of the completed establishment.
- A final inspection of the establishment with equipment in place and operational will be necessary to determine if it complies with the Illinois Department of Public Health Food Service Sanitation Code, before operations can begin.

Owner Signature

Date

Mobile Food Unit Menu

Please attach a menu or list of items to be served to the Mobile Food Unit
Plan Review Application in addition to the following information:

List all food items which will be prepared and/or cooked at the commissary:

List all food items which will be prepared and/or cooked on the Mobile Food Unit:

Mobile Food Unit Itinerary and Operating Schedule

☐ I plan on operating at one location.

Location Address: _____

☐ I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations, indicate the approximate times (and dates and/or days if applicable) you will be at each location.
Attach additional sheets if necessary.

<i>Operating Location</i>	<i>Approximate Time (Dates/Days) at Location</i>

If your operating location(s) or route changes, an updated Itinerary and Restroom Agreements for each location must be submitted to the Rock Island County Health Department.

Restroom Agreement

*A non-permanent food unit that operates at the same location for two (2) or more hours, MUST have restroom facilities within 200 feet of the food stand/unit. The restroom must be available during all hours of operation, including set up times. Restroom access may be public restrooms or an agreement with a private business owner. **Failure to have restroom access may result in the closure of the food unit.***

*This agreement must be submitted for **EACH** location listed on the **Itinerary and Operating Schedule***

Name of Food Operation (DBA): _____

Operation Location: _____

Street Address

City

Operation Hours and Days (at above location): _____

Signature of Licensee: _____

Restroom Facility Location

Business Name: _____

Physical Address: _____

Street Address

City

Business Phone Number: _____ Business Hours/Days: _____

Approximate distance from the food operation to the restroom (in feet): _____

Authorization to Use Restroom Facilities:

(Not needed for Public Restrooms)

(Printed Name of Person Authorizing Food Unit to Utilize Restroom Facilities)

(Signature of Person Authorizing Food Unit to Utilize Restroom Facilities)

Date

Commissary Agreement

This agreement shall be used when the owner of a Food Unit is not the same as the owner of the licensed commissary.

If the licensed commissary is not in Rock Island County, a copy of the Food License and a copy of the most recent inspection must be submitted with this agreement.

The Licensed Food Service Establishment known as _____
(establishment name)
located at _____
(establishment address) hereby agrees to
provide access for usage as a commissary to _____
(owner of Food Unit) to operate a
Food Unit known as _____. The licensee of the
(Name of Food Unit)

commissary is responsible for all food service operations conducted on the commissary premises.

The owner of the commissary agrees to allow the owner of the Food Unit access to the commissary for storage, ware washing, food preparation, receiving of potable water, dumping of waste water, and any other use as required during the following hours:

Additionally, the owner of the commissary agrees to allow the owner of the Food Unit to use the following equipment at the commissary (include sinks):

	<i>Time</i>
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

The agreement between the above-mentioned two parties is valid for license year _____ and may be renewed in writing after that date. This agreement expires December 31st of the year issued. However, in the event this agreement is terminated, the Licensed Food Service Establishment and the Food Unit Licensee shall notify the Rock Island County Health Department. All parties also agree that, in the event of the termination of this agreement, all food service operations must immediately discontinue until the food unit owner secures the services of an approved commissary and provides another Commissary Agreement to the Rock Island County Health Department. This agreement terminates if the Food Service Establishment does not have a current license to operate.

Signature of Owner or Food Service Establishment Owner

Date

Signature of Food Unit Operator

Date