



# Summit County Public Health

1867 West Market Street ♦ Akron, Ohio 44313-6901  
Phone: (330) 926-5600 ♦ Toll-free: 1 (877) 687-0002 ♦ Fax: (330) 923-6436  
www.scphoh.org

## Commissary Agreement Form for Mobile Operations

Pursuant to Chapter 3717-1-09 of the Ohio Administrative Code (OAC), mobile food service operations and mobile retail food establishments, which include pushcarts, are designed and approved to operate with certain restrictions, limitations and conditions. Additionally, Chapter 3717-1-03.1A of the OAC states that "... food prepared in a private home may not be used or offered for human consumption in a food service operation or retail food establishment" and that "food shall be obtained from sources that comply with the law". As such, 3717-1-01(B)(4) defines an approved source as food from a processor that is inspected by a recognized food regulatory agency.

In accordance with these regulations, the owner or operator of the mobile unit agrees to operate from a licensed FSO or RFE as defined in OAC 3717-1-01. The owner or operator of the mobile unit shall agree to store all food product and utensils in a licensed facility. The preparation and cooking of food products, in addition to washing, rinsing and sanitizing of all utensils and equipment, disposing of solid waste, and refilling of the water supply shall all be conducted in a licensed facility. If these procedures cannot be performed in the mobile unit itself, the owner or operator of the unit must use a designated commissary that meets the requirements stated above.

The owner or operator of the commissary agrees to designate and properly identify the area to be used by the owner or operator of the mobile unit. The owner or operator of the commissary shall also agree to notify the Food Safety Unit of Summit County Public Health if the owner or operator of the mobile unit fails to regularly (any time the mobile unit operates) return to the commissary to perform the required tasks outlined in this agreement.

This agreement will expire on the last day of February of each license year.

### MOBILE'S INFORMATION:

|                                     |                |
|-------------------------------------|----------------|
| Mobile's Business Name              | License Number |
| Mobile's Owner / Operator           | Phone Number   |
| Mobile's Owner / Operator's Address |                |
| Signature: Mobile Operator          | Date:          |

### COMMISSARY'S INFORMATION:

|  |                                |
|--|--------------------------------|
| Commissary's Name                      | License Number (if applicable) |
| Commissary's Owner / Operator          | Phone Number                   |
| Commissary's Address                   |                                |
| Signature: Commissary Owner / Operator | Date:                          |