



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING
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Approved Commissary Agreement

An "approved commissary facility" possesses a valid Department of Health or Agriculture and Markets permit. It can serve as a support kitchen for another food establishment(s) (lunch wagon, cart, kiosk, meal serving site, etc.)

| | |
|---|------------|
| Name of Approved Food Establishment: | Permit No. |
| Street Address: | County: |
| Owner Name (Corp, LLC, Partnership, Sole Owner, Other): | Phone No. |

Please attach the most recent copy of the Establishment's valid permit.

Operations Conducted in the Establishment:

- | | |
|---|--|
| <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Cleaning/Sanitizing of Equipment and utensils |
| <input type="checkbox"/> Dry Storage | <input type="checkbox"/> Servicing water systems |
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Other _____ |

Days and Time of Usage:

| Hours | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|-------|-----|-----|------|-----|-------|-----|-----|
| From: | | | | | | | |
| To: | | | | | | | |

Commissary Facility Use Authorized By:

| | |
|--|-------|
| _____ | _____ |
| Signature of Owner/ Agent of Authority | Date |
| _____ | _____ |
| Print Name | Title |

Food Establishment Using the Above Approved Commissary

| | |
|---|---------------------------|
| Name of Food Establishment: | Permit No. (Renewal Only) |
| Owner Name (Corp, LLC, Partnership, Sole Owner, Other): | Phone No. |

| | |
|--|-------|
| _____ | _____ |
| Signature of Owner/ Agent of Authority | Date |
| _____ | _____ |
| Print Name | Title |