Marion County OREGON Health & Human Services WAREHOUSE US	SAGE AGREEMENT
ame of Mobile Unit	
Iobile Unit Location	
ocation of Warehouse	
	. Please be specific)
/hat types of items will be stored?	
/ill there be any refrigeration in the warehouse? If	so, please describe
Please review the following Warehouse Food Sanita	ation Rule requirements.
OAR 333-162-0	0940 Warehouses
1) A licensed warehouse may be used only for th service articles, utensils and equipment. All ot	
 2) A warehouse may not be used for the followin a) Cooling or storage of foods that have b) Preparation, assembly, portioning, ha c) Ice making or warewashing. 	been prepared on a mobile food unit;
 Activities prohibited in a warehouse in this sec commissary. 	ction must be conducted in a licensed restaurant or
stored foods, single-service articles, utensils and In general, warehouses shall be exempt from the bases, light colored surfaces, restrooms, lavate	he rules relating to finished walls, ceilings or storage
if the ice merchandiser is licensed as a wareho	aged ice from a commercial source may be allowed use and secured when the unit is not in operation
Mobile Food Unit Owner (Print):	
Signature	Date
For office use only:	
Approved by:	Date:

MCEH 3160 Center St NE Salem, OR 97301

Warehouse Agreement Form

10/23

503-588-5346



COMMISSARY AGREEMENT

The following licensed food service establishment, known as	
located at	
hereby agrees to provide access to their facility to	
mobile food unit for use as a commissary or warehouse. This comm	
preparation and/or storage of food items, dishwashing, unit servicin	g or any other purposes as
required by the local public health authority. This warehouse is to l	be used for storage of
commercially packaged products only.	
This agreement between the above-mentioned two parties is valid for	or the current licensing year
only and must be renewed after that date. However, if this agreem	ent is terminated, the mobile
food unit must immediately cease operations until another com	missary or warehouse
agreement is secured and provided to the health department. T	This agreement becomes void if
the food service establishment does not have a current license to op	erate.
Signed by:	
Restaurant Owner (Print):	
Signature	Date
Mobile Food Unit Owner (Print):	
Signature	Date

For office use only: Approved by: _____ Date: _____

Commissary Agreement Form MCEH 3160 Center St NE , Salem, OR 97301 503-588-5346