



Commissary Agreement

(NRO 2008 Chapter 170)

Vendor Information					
Vendor Type: <input type="checkbox"/> Mobile Unit <input type="checkbox"/> Temporary <input type="checkbox"/> Farmers' Market <input type="checkbox"/> Annual					
Name			Phone Number		
Mailing Address			License Number		
I hereby certify the provided information is correct and understand that licensure is contingent upon verification of an approved commissary. I understand that my food service license is null and void if I change my commissary and do not provide the Environmental Health Department with updated information.					
Print Name		Signature		Date	
Commissary Information					
Legal Business name					
Owner Name			Phone Number		
Address			Email Address		
What agency licenses this Commissary?			Commissary License#		
Water Supply <input type="checkbox"/> Public Water System <input type="checkbox"/> Private On-Site Well			If Commissary uses a private water supply, also include most recent water testing results.		
Wastewater Disposal <input type="checkbox"/> Public Wastewater System <input type="checkbox"/> Private On-Site Septic System					
IMPORTANT: If commissary is not licensed in Nashua, please attach a copy of the commissary's FOOD SERVICE LICENSE and COPY OF LAST INSPECTION.					
I will provide the following activities at this commissary:					
Food products provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Storage of food, drinks and dry goods	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Disposal of waste water	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Cold storage of food and drinks	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Potable water provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Use of three compartment sink for warewashing	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ice provided	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Disposal of trash	<input type="checkbox"/> YES	<input type="checkbox"/> NO
The Vendor is allowed the following access to the facility:					
Vendor can prepare/cook and reheat food	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Vendor can use facility restrooms	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Vendor can wash unit exterior	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Unit stored at facility	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Print Commissary Owner's Name		Commissary Owner Signature		Date	

-----PLEASE DO NOT WRITE BELOW THIS LINE-----

Received Date:	Is Commissary licensed in Nashua?	Y	N
Application Complete? Y N	Copy of license included?	Y	N N/A
Copy of last inspection included? Y N N/A	H ₂ O results included?	Y	N N/A
Additional Requirements:			
Reviewed/Approved by:		Date	