

# Commissary Information

The commissary is a base of operations for all mobile food establishments. Each vehicle is required to operate from an approved commissary and report daily for all supplies, cleaning, and servicing operations. Each commissary is required to be constructed and operated in compliance with the requirements of the Maricopa County Environmental Health Code.

Depending on the needs of the vehicle, commissaries may have different services available. In general, commissaries are used to carry out the following services:

- Fresh water supply
- Gray water disposal
- Ware washing facilities
- Food preparation
- Trash disposal
- Food Storage
- Chemical storage
- Facilities for cleaning and storage of vending machines

In order to obtain a permit from this Department, a signed commissary agreement is required for each unit at the time of initial permitting and at permit renewal. Be advised that each commissary agreement will be verified to ensure the facility is able to provide your mobile food establishment with the services needed.

In addition, the Maricopa County Environmental Health Code requires each permit holder to maintain a log of visits to the approved commissary. The log must be written in permanent, waterproof ink, and must always be maintained within the unit.

The below is a list of commissaries that have been verified and are approved within Maricopa County. Before making any arrangements, please inquire about the type of services offered, hours of operation, and other pertinent information. This list is not inclusive and other facilities may be approved as a commissary if the services provided meet the needs of the mobile food establishment. Additional facilities will be evaluated on an individual basis.

Please note that if you are planning to use a commissary that is not listed below and your mobile food establishment has a 3-compartment sink, you must obtain written approval from the local jurisdiction where the permitted fixed food establishment is located to obtain approval to discharge wastewater (contact the local jurisdiction's pretreatment program).

Name	Phone	Address	City
BLT Kitchens LLC	602 435 7489	739 E Dunlap Ave	Phoenix
CoFam LLC	602 725 5193	3775 N 36 <sup>th</sup> Ave	Phoenix
MVS Phoenix, LLC	602 292 3970	2121 W McDowell Rd	Phoenix
Ralph's Snack Bar	602 269 7707	4501 W Van Buren	Phoenix
Scratch Catering LLC	602 321 8867	2601 S 24 <sup>th</sup> St	Phoenix
Union Pochteca LLC	602 405 7953	118 N 27 <sup>th</sup> Ave	Phoenix



## Maricopa County

Mobile Food/Special Events Program  
602-506-6824 (phone) 602-372-6043 (fax)  
envplanreview@maricopa.gov

# Commissary Agreement

I agree to report daily to the commissary listed below. The facility will be providing the following services to my mobile food establishment **(check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fresh water supply                                   | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Chemical storage                 |
| <input type="checkbox"/> Grey water disposal                                  | <input type="checkbox"/> Garbage disposal                | <input type="checkbox"/> Vending unit cleaning facilities |
| <input type="checkbox"/> Ware washing facilities<br>(i.e. 3 compartment sink) | <input type="checkbox"/> Food Storage                    | <input type="checkbox"/> Vending unit storage             |

Owner Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Business Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

- Permit Type:  MF Type I       MF Type II       MF Type III  
 Temporary Food Est.       Seasonal Food Est.       Annual Event Food Est.

Permit Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This facility will be providing the following services for the above-mentioned mobile food establishment **(check all that apply):**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Fresh water supply                                   | <input type="checkbox"/> Facilities for food preparation | <input type="checkbox"/> Chemical storage                 |
| <input type="checkbox"/> Gray water disposal                                  | <input type="checkbox"/> Garbage disposal                | <input type="checkbox"/> Vending unit cleaning facilities |
| <input type="checkbox"/> Ware washing facilities<br>(i.e. 3 compartment sink) | <input type="checkbox"/> Food Storage                    | <input type="checkbox"/> Vending unit storage             |

Commissary Name: \_\_\_\_\_

Commissary Owner/Manager: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Permit Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_



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