

Brown-Nicollet Environmental Health



Cottonwood-Watonwan

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2021 COMMISSARY/SERVICING AREA LETTER OF AGREEMENT

****agreement must be completed annually****

I) THIS SECTION TO BE COMPLETED BY LICENSEE

License Name: _____

Owner Name: _____

License #: _____

Mailing Address: _____ City: _____ Zip: _____

Phone #: (____) _____

E-mail Address: _____

Signature: _____ Date: _____

II) THIS SECTION TO BE COMPLETED BY THE COMMISSARY/SERVICING AREA

The above Licensee has my permission to use my approved food establishment (listed below) for the purposes of establishing a commissary/servicing area for their business. This permission includes the use of the premises for the following: *(Check all that apply)*

- | | | |
|---|--|--|
| <input type="checkbox"/> Food Preparation | <input type="checkbox"/> Wastewater Disposal | <input type="checkbox"/> Vehicle/Cart Storage Area |
| <input type="checkbox"/> Food Storage | <input type="checkbox"/> Trash Disposal | <input type="checkbox"/> Vehicle/Cart Washing area |
| <input type="checkbox"/> Warewashing Facilities | <input type="checkbox"/> Chemical/Supply Storage | <input type="checkbox"/> Ice Production |

Commissary/Servicing Area Name: _____

Owner Name: _____

Address: _____ City: _____ Zip: _____

Phone #: (____) _____

Signature: _____ Date: _____