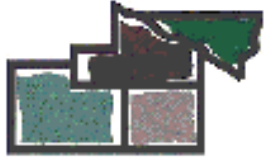


# Brown-Nicollet Environmental Health



Cottonwood-Watonwan

622 South Front Street  
Saint Peter, Minnesota 56082  
☎ 507-934-7089 • 📠 507-934-7170  
[www.co.nicollet.mn.us](http://www.co.nicollet.mn.us)

## 2019 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: \_\_\_\_\_