



Commissary Registration

Physical Address: 22 South State Street, Clearfield, UT 84015

Mailing Address: P.O. Box 618, Farmington, UT 84025

Email Address: DCEnvHealth@daviscountyutah.gov

Phone: 801-525-5128, Fax: 801-525-5119

Establishment Information

Establishment Name:	Owner Name:
Physical Address:	City/State/Zip:
Email Address:	Phone Number:

Commissary Owner Responsibilities

As the owner or operator of the food service establishment listed above, I understand my responsibilities and agree to the following requirements:

- I will maintain a separate sign-in/sign-out log for each Food Truck, Limited-Use Food Establishment or Flavored Ice Establishment that utilizes my establishment for commissary services.
- I will retain sign-in/sign-out records for a minimum of one year and provide them to the Health Department immediately upon request.
- I will immediately report any changes in commissary usage or agreements to the Health Department. These changes include, but are not limited to, non-usage, significant changes in the frequency of service visits, and significant changes to or termination of the commissary agreement.
- I will provide and maintain access to all of the services agreed upon in the commissary agreement.
- I will maintain my food establishment, acting as a commissary, and all equipment to be clean and in good repair.
- I will not allow the use of services to any Food Truck, Limited-Use Food Establishment or Flavored Ice Establishment without approval from the Health Department.

I understand that failure to comply with the requirements listed above may result in the termination of my Commissary Registration and forfeiture of my ability to act as a commissary in Davis County. I also understand that if my food service establishment's permit to operate is suspended or revoked, my establishment will no longer be allowed to provide commissary services.

Commissary Owner/Manager Signature: _____ Date: _____

Public Listing

Upon Commissary Registration, approval, and payment of fees, the establishment's name and contact information will be added to a list of registered commissary facilities located in Davis County.

Would you like the Health Department to provide your information to food establishments in need of commissary services?

Yes No

Payment Information (Office Use Only)

Date Paid: _____ Amount Paid: _____ Receipt # _____