

JEFFERSON COUNTY PUBLIC HEALTH

645 Parfet Street, Lakewood, CO 80215

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jeffco.us/public-health

AFFIDAVIT OF COMMISSARY

PART 1

Applicant business name: _____

Owner name of above: _____

STATEMENT / CERTIFICATION OF OWNER OF MANUFACTURING OPERATION

By signing below, I hereby state that I will use the Retail Food Establishment shown below as my commissary for the preparation and storage of food items, cleaning or equipment and utensils and other uses as mandated by the Colorado RETAIL FOOD ESTABLISHMENT RULES and REGULATIONS.

Signed

Date

PART 2

Retail Food Establishment that will serve as the commissary: _____

Address _____

City St Zip _____

County where located _____

Owner / manager _____

Phone _____

STATEMENT / AFFIDAVIT of COMMISSARY OWNER

By signing below, I hereby state that I am the owner / manager of the above licensed Retail Food Establishment and that I have authorized the owner of the above referenced catering business to use my facility as a commissary for the storage and preparation of food, washing and sanitizing of equipment, provision of potable water and disposal of wastewater. This authorization is valid through the end of the current calendar year.

Signature

Date