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**FOOD PROTECTION SERVICES  
CATERING COMMISSARY AGREEMENT FORM**

I, \_\_\_\_\_ owner of \_\_\_\_\_,  
Food Service Establishment Food Service Establishment

located at \_\_\_\_\_,  
Address of Food Service Establishment to be used as Commissary

agree to allow \_\_\_\_\_,  
Name of Catering Co. Owner of Catering Co.

the use of my facility as his or her commissary. I understand the catering company will be operating under the rights and privileges of my Food Service Establishment's permit, as defined by T.C.A. 68-14-302 (6), 68-14-305 and all applicable laws and regulations. I further understand, as the permit holder, it is my responsibility to ensure the food is prepared and distributed in accordance with all applicable food service laws and regulations. The person-in-charge of the food service establishment must inform Food Protection Services of the Metro Health Department, if the caterer is no longer operating from the commissary.

\_\_\_\_\_  
Signature of Food Service Establishment Owner Date

\_\_\_\_\_  
Signature of Catering Company Owner Date

**SIGNED, SEALED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,**  
**IN THE PRESENCE OF:**

\_\_\_\_\_

**NOTARY PUBLIC  
STATE OF TENNESSEE  
COUNTY OF DAVIDSON**

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**Promoting and  
Protecting Health**