

Karl F. Dean
Mayor

William S. Paul, MD, MPH
Director of Health

311 23rd Avenue North
Nashville TN 37203-1511

Phone: (615) 340-5616
Fax: (615) 340-5665

www.health.nashville.gov

**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**

Board of Health

William N. Hance, JD
Chair

Ruth Stewart, MD
Vice Chair

Samuel Okpaku, MD, PhD
Secretary

Henry W. Foster, Jr., MD

Samuel L. Felker, JD

Carol Etherington,
MSN, RN



**Promoting and
Protecting Health**