

SALES SITE AGREEMENT

Food Service Establishment Application

| Submittal Date | Dates of Usage (1 year maximum) |
|----------------|------------------------------------|
| | From _____ To _____ |

By signing this agreement, the owner of the commissary facility certifies that the sales site meets all the standards of the Washington State Retail Food Code, [Chapter 246-215 Washington Administrative Code](#).

| SALES SITE INFORMATION | |
|---------------------------------|---------------|
| Name of sales site | Contact phone |
| Site address (city, state, zip) | |
| Email | |
| Site owner printed name | |
| Site owner signature | Date |

| APPLICANT INFORMATION | |
|------------------------------------|---------------|
| Business/vendor name | Contact phone |
| Mailing address (city, state, zip) | |
| Email | |
| Business owner printed name | |
| Business owner signature | Date |

| SALES SITE QUESTIONS FOR MOBILE UNITS |
|---|
| <p>1. Will the mobile unit be connected to electricity at the sales site(s)? If yes, which sales site(s)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>2. Is the sales site restroom available during all hours of your operation? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="margin-left: 20px;">If no, you will need to submit a Restroom Agreement for a different restroom; the restroom must be within 500 feet of your mobile unit.</p> <p style="margin-left: 20px;">If yes, is a key required to access the sales site restroom? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>3. Will the mobile unit be parked at site overnight? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> |

| CERTIFICATION AND ACKNOWLEDGMENT |
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| <p>By signing above, I certify that the information provided is true and accurate to the best of my knowledge. I understand that:</p> <p>✓ This agreement is a condition of the operating permit and is subject to approval by Kitsap Public Health District (KPHD). Should either party terminate the Sales Site Agreement, the permit of the food service business will be suspended, and all food and beverage operations shall cease until the owner/operator of the permit secures the services of another approved sales site and a signed agreement is provided to KPHD.</p> |
| HEALTH DISTRICT REVIEW |
| <p>Reviewed and accepted by:</p> <hr style="border: 0; border-top: 1px solid black; margin-top: 20px;"/> <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> Environmental Health Specialist Date </div> |