



CITY AND COUNTY OF DENVER

DEPARTMENT OF ENVIRONMENTAL HEALTH

200 W. 14 AVE.
SUITE 200
DENVER, CO 80204-2732
PHONE: (720) 865-5401
FAX: (720) 865-5532
www.denvergov.org/phi

Affidavit of Commissary
(to be completed by proposed vendor)

Vendor Business/Trade Name: _____

Vendor Business/Mailing Address: _____

Vendor Telephone Number: _____

Vendor Email: _____

Business Type (Check all that apply):

- Mobile Cart Peddler Temporary Caterer/Other

Commissary name: _____

Commissary address: _____

Commissary telephone number: _____

This is a licensed facility and is inspected by the following regulatory agency:

I (print name), _____
Last First MI

as representative of the above named business, offer this affidavit as proof that my food will be prepared in a licensed facility in accordance with the laws governing mobile and temporary food vendors in the City and County of Denver (Article III, Chapter 23 of the Denver Revised Municipal Code). I acknowledge that I will submit a new affidavit for approval before I resume selling food if I cease to use this facility as my commissary. I understand that failing to return to the commissary as required may result in a summons to court and revocation of my license.

I affirm that the above information is correct and true by signing below.

Signature of Proposed Mobile/Temporary Food Service Establishment Operator

Date

----- ***Do Not Write Below This Line*** -----

Inspector Name _____

ID# _____

Inspector Signature _____

Date _____

Approved Denied Approved with Conditions: _____



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DEPARTMENT OF ENVIRONMENTAL HEALTH
Nancy J. Severson, Manager

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Application to Provide Commissary Services

(to be completed by proposed Commissary operator)

Business/Trade Name of Commissary: _____

Business Address: _____

County: _____

Contact Name: _____

Contact Telephone Number: _____

I (print name), _____, _____, _____,
Last First MI

as owner/representative of this facility confirm that:

(print vendor name) _____, _____, _____,
Last First MI

has permission to operate from the above listed commissary. I read, understand, and affirm my responsibilities under Section 9-107 Commissary in the City and County of Denver, Retail Food Establishment Regulations as adopted by the Board of Environmental Health. I will notify the City and County of Denver, Department of Environmental Health, Public Health Inspections Division if the vendor ceases to use this facility as required. I understand that failing to notify the Department as required, or failing to adhere to the rules and regulations that govern commissaries may result in a summons to court and revocation of my license.

Signature of Commissary Operator

Date

----- ***Do Not Write Below This Line*** -----

Inspector Name _____

ID# _____

Inspector Signature _____

Date _____

Approved Denied Approved with Conditions: _____
