



City of Dallas

KIOSK COMMISSARY APPROVAL

PLEASE PRINT

COMMISSARY NAME _____ DATE _____

ADDRESS _____
STREET CITY STATE

The kiosk listed below has permission to use my facilities:

NAME OF KIOSK _____ NAME OF KIOSK OWNER _____

KIOSK OWNER'S PHONE # _____

The following services may be performed at my commissary by the above units:

- Have access to facility at all times
- Have limited access to facility.
- Have access to inside preparation facilities
- Store mobile unit
- Wash out truck
- Wash, rinse, sanitize all food contact surfaces
- Fill with fresh water
- Dispose of waste water
- Store excess product
- Store products requiring refrigeration

Comments: _____

COMMISSARY OWNER'S SIGNATURE _____

TX Drivers License # Date of Birth

COMMISSARY OWNER'S SIGNATURE IS TO BE NOTARIZED UNLESS THE COMMISSARY OWNER IS PRESENT AT THE TIME OF SIGNING.

NOTARY SPACE