XYZ Restaurant 123 Street Name City, State Zip

This serves to notify Montgomery County , M	Iaryland that:	
I,	or this, I must allow the establishment t and that by signing this form my facility	ery County Farmer's o use my facility for
1. Adequate space for storage for food, utensils, and other supplies. Storage area shall be separated from the commissary's food, utensils, and other items. Storage areas will be clearly marked. () Yes () No	5. A food preparation area that conducts a Food preparation area shall be separated commissary or preparation will be compl of day. () Yes () No	from that of
Potable (drinking) water for filling handwashing tanks or three compartment sinks.	6. Sanitary disposal of waste water and g () Yes () No 7. Disposal of garbage and refuse.	rease.
() Yes () No 4. Hot and cold potable water under pressure for cleaning. () Yes () No	() Yes () No 8. Storage of other items. Please list. () Yes () No	
Signature of Commissary Owner or Agent	Printed Name	Date
I, (owner) of Special Event Food Facinmy food service business. I will use the common commissary, my Montgomery County Food Suntil I obtain another commissary and promote Montgomery County Department of Health and	hissary for the requirements noted above Service License may be revoked, and I ovide a new commissary authorization	e. If I do not use the must stop operating
Signature of Establishment Owner or Agent	Printed Name	Date