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 Director of Health

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**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. 68-14-703, 68-14-706** 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 Phone No.**

\_\_\_\_\_  
**Signature of Catering Company Owner Date Phone No.**

**SIGNED, SEALED AND DELIVERED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_,**  
**IN THE PRESENCE OF:**

**NOTARY PUBLIC  
 STATE OF TENNESSEE**