



**Kendall County Health Department  
Environmental Health Unit**

811 West John Street, Yorkville, IL 60560  
(630) 553-9100 ext. 8026 fax (630) 553-9603

**Letter of Agreement for Commissary Use**

**Kendall County Health Department, Environmental Health Unit:**

Mr./Mrs. \_\_\_\_\_ / \_\_\_\_\_  
Print Name Vendor Business Name

has my permission to use the premises of \_\_\_\_\_ for the  
Commissary Business Name

purpose of establishing a commissary for their mobile business. This permission includes the use of the premises for food storage, cleaning and maintenance of the mobile truck and storage of all food supplies.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*Please Print:*

Commissary Owner: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone #: \_\_\_\_\_

**\*A copy of a commissary inspection report (within the last 6 months) from the local health authority must be attached to this letter of agreement in order to obtain permit approval.**