SHARED FOOD FACILITY/COMMISSARY AGREEMENT

I. To be completed by APPLICANT — Please print or type.

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Bus. Phone</th>
<th>Bus. Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address</td>
<td>City/State</td>
<td>Zip</td>
</tr>
<tr>
<td>Owner Name</td>
<td>Home Phone</td>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

I hereby state that the above information is current, true and correct to the best of my knowledge and agree to utilize my approved commissary in accordance with the California Health & Safety Code. (Note: If this Commissary Agreement is modified or cancelled, and a new Commissary Agreement is not provided to this office, your permit to operate a food facility will be subject to suspension or revocation.)

Signature of Business Owner ___________________________ Date ____________

II. To be completed by COMMISSARY OWNER/OPERATOR — Please print or type.

<table>
<thead>
<tr>
<th>Commissary Name</th>
<th>Bus. Phone</th>
<th>Bus. Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commissary Address</td>
<td>City/State</td>
<td>Zip</td>
</tr>
<tr>
<td>Commissary Owner Name</td>
<td>Home Phone</td>
<td>E-mail Address</td>
</tr>
</tbody>
</table>

I understand and agree to provide for the following requirements: (Check all that apply)

- □ sanitary wastewater disposal
- □ potable water
- □ proper disposal of refuse & garbage
- □ hot & cold water for vehicle cleaning
- □ food preparation area
- □ vehicle/cart storage (circle one) vehicle make/year ________________ license plate # ____________
- □ adequate storage for food/equipment
- □ utensil washing
- □ electrical hookups
- □ toilet & hand washing facilities
- □ overnight vehicle storage

I hereby declare that I hold a valid Environmental Health Permit to Operate a commissary as defined by the California Health and Safety Code §114326. (INCLUDE A COPY OF VALID ENVIRONMENTAL HEALTH OR STATE PERMIT.)

I hereby declare and certify that the business named in Section I is operating out of the above commissary. I will notify Marin County Environmental Health, by written document, of any change in the status of my operation, my environmental health permit, or when this commissary agreement is terminated.

Signature of Commissary Owner/Manager ___________________________ Print Name ___________________________ Date ____________

III. To be completed by the local ENVIRONMENTAL HEALTH DEPARTMENT to verify the current commissary Health Permit when the above commissary establishment is located outside of Marin County — Please print or type.

The food establishment is located in ________________ County and meets the commissary requirements set forth in the California Health and Safety Code §114326. The above checked requirements are available at the proposed commissary.

Signature of REHS ___________________________ Print Name ___________________________ Bus. Phone ___________________________ Date ____________