COMMISSARY LETTER

MAILING ADDRESS:
Henrico Health Department
8600 Dixon Powers Drive
P.O. Box 90775
Henrico, VA 23273-0775
Phone: 804-501-4530
Fax: 804-501-4983

This letter is to certify that:_____ is authorized to use my facility as their commissary kitchen.

Name of Commissary:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Phone: _____

_____
Commissary Owner (Printed) – Date

_____
Commissary Owner (Signature) – Date

Vendor:
I hereby certify that I will use no unlicensed facility in my business activities. I understand and agree that if for any reason, the health permit of my commissary is revoked or suspended, that my permit to operate will also be revoked or suspended.

_____
Signature of Vendor - Owner Date