



City of Dallas

DEPARTMENT OF CODE COMPLIANCE
CONSUMER HEALTH DIVISION

7901 GOFORTH RD DALLAS TX 75238. TEL: 214-670-8083

KIOSK COMMISSARY APPROVAL

PLEASE PRINT

COMMISSARY NAME _____ DATE _____

ADDRESS _____
STREET CITY STATE ZIP

The kiosk listed below has permission to use my facilities:

NAME OF KIOSK

NAME OF KIOSK OWNER

PHONE NUMBER OF KIOSK OWNER () _____ - _____

The following services may be performed at my commissary by the above units:

- Have access to facility at all times
- Have limited access to facility. If yes, access hours are: _____
- Have access to inside preparation facilities
- Store equipment and supplies
- Wash, rinse, sanitize all food contact surfaces
- Fill with fresh water
- Dispose of waste water
- Store excess product
- Store products requiring refrigeration

Comments _____

COMMISSARY OWNER'S
SIGNATURE _____

Texas Drivers License #

Date of Birth

COMMISSARY OWNER'S SIGNATURE IS TO BE NOTARIZED UNLESS THE COMMISSARY OWNER IS PRESENT AT THE TIME OF SIGNING.

NOTARY SPACE