

FOOD PROTECTION SERVICES CATERING COMMISSARY AGREEMENT FORM

I, GRANT WILSON owner of CITIZEN KITCHEN. Food Service Establishment Food Service Establishment	
located at 975 MAIN STREET NASHVILLETN 37206 Address of Food Service Establishment to be used as Commissary	
Name of Catering Co. Gunna Juline 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. 68-14-302 (6), 68-14-305 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.	5
Signature of Catering Company Owner Date Phone No.	
SIGNED, SEALED AND DELIVERED THIS 330 DAY OF APRIL, 2021, in the presence of:	William
NOTARY PUBLIC STATE OF TENNESSEE COUNTY OF DAVIDSON	SSEE ARY LIC