

SERVICING AREA AGREEMENT

(to be submitted with permit application)

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

TYPE OF MOBILE FOOD ESTABLISHMENT (refer to page 1 of application):

☐ TYPE 1 ☐ TYPE 2 ☐ TYPE 3

MOBILE FOOD ESTABLISHMENT NAME: _____

OWNER(S) NAME: _____ PHONE NO: _____

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a ☐ DAILY BASIS ☐ WEEKLY BASIS

☐ OTHER, EXPLAIN: _____

☐ Approved Potable Water Source

☐ Food Preparation Area

☐ Waste Water Disposal

☐ Food Storage Area

☐ Cleaning Area for MFE

☐ Utensil Washing Area

☐ Overnight Storage of MFE

☐ Equipment and Utensil Storage Area

☐ Overnight Refrigeration

☐ Prepackaged Foods for Retail Sale

SERVICING AREA NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____ CITY/STATE _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

FOOD ESTABLISHMENT PERMIT ISSUED BY: _____ PERMIT #: _____

(ATTACH COPY OF PERMIT/LICENSE ISSUED BY REGULATORY AGENCY)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

SIGNATURE: _____ DATE: _____

TITLE: _____