

<p><b>WASHOE COUNTY HEALTH DISTRICT</b> ENHANCING QUALITY OF LIFE</p>	<p>WASHOE COUNTY HEALTH DISTRICT ENVIRONMENTAL HEALTH SERVICES DIVISION</p> <p>1001 East Ninth Street, Bldg B, Reno, Nevada 89512 Telephone (775) 328-2434 • Fax (775) 328-6176 <a href="http://www.washoecounty.us/health">www.washoecounty.us/health</a> <a href="mailto:HealthEHS@washoecounty.us">HealthEHS@washoecounty.us</a></p> <p><b>SERVICING AREA AGREEMENT TO OPERATE MOBILE/PORTABLE FOOD UNIT</b></p>	<p><b>Office Use Only</b></p> <p>Fee Paid _____</p> <p>Date Paid _____</p> <p>Cash/CC/Check _____</p> <p>Receipt No. _____</p>
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**TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.**

TYPE OF MOBILE FOOD UNIT:     MOBILE                       PORTABLE

VIN #: \_\_\_\_\_

MOBILE FOOD UNIT NAME: \_\_\_\_\_

OWNER(S) NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR**

How many Mobile/Portable Units are using this facility as a Servicing Area/Depot? \_\_\_\_\_

The below listed facility will be providing the following services to the above mentioned business owner/operator:

- |  |  |
|--|--|
| <input type="checkbox"/> Approved Potable Water Source   | <input type="checkbox"/> Food Preparation Area               |
| <input type="checkbox"/> Waste Water Disposal            | <input type="checkbox"/> Cooling/Cold Holding                |
| <input type="checkbox"/> Cleaning Area                   | <input type="checkbox"/> Utensil/Dish/Equipment Washing Area |
| <input type="checkbox"/> Overnight Storage of MFU        | <input type="checkbox"/> Equipment and Utensil Storage Area  |
| <input type="checkbox"/> Overnight Refrigeration/Freezer | <input type="checkbox"/> Dry Food Storage Area               |

Servicing Area Name: \_\_\_\_\_

Owner/Manager Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City/ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\*If out of jurisdiction, attach copies of Permit/License issued by Regulatory Agency and most current Health Inspection.\*\*\***

**By signing, I give permission to the above listed Mobile Food Unit Operator to use my establishment located at the above address.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**DO NOT WRITE BELOW – FOR OFFICIAL HEALTH DISTRICT USE ONLY**

\_\_\_\_\_  
WCHD PERMIT #

\_\_\_\_\_  
Health District Representative Signature