

<p style="text-align: center;">NORTHERN NEVADA Public Health</p>	<p style="text-align: center;">NORTHERN NEVADA PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street, Bldg B, Reno, Nevada 89512 Telephone (775) 328-2434 • Fax (775) 328-6176 www.NNPH.org HealthEHS@NNPH.org</p> <p style="text-align: center;">SERVICING AREA AGREEMENT TO OPERATE MOBILE/PORTABLE FOOD UNIT</p>	<p style="text-align: center;">Office Use Only</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 NNPH USE ONLY

NNPH PERMIT #

NNPH Representative Signature