

Base of Operation Agreement

Instructions
<p>This form should be completed by the Base of Operation Owner/Operator. Mobile Unit owners should submit this form, the Base of Operation's health license, and the Base of Operation's last inspection report along with their Mobile Unit License Application.</p>

Mobile Unit Name: _____ **License Plate Number:** _____

Owner Name: _____ **Phone Number:** _____

Base of Operation Information
<p>Base of Operation Name: _____</p> <p>Base of Operation Owner/Manager Name: _____</p> <p>Phone Number: _____ Email: _____</p> <p>Street Address: _____ City: _____ State: _____ Zip: _____</p> <p>Health License Issued By: _____</p> <p style="text-align: center;"><i>Provide the Mobile Unit a copy of your current health license and last inspection report</i></p>

Base of Operation Services										
<p>Frequency of services provided to the Mobile Unit: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Other: _____</p> <p>Services that will be provided (select all that apply):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> Approved potable water source</td> <td><input type="checkbox"/> Food preparation area</td> </tr> <tr> <td><input type="checkbox"/> Waste water disposal</td> <td><input type="checkbox"/> Food storage area</td> </tr> <tr> <td><input type="checkbox"/> Cleaning area for Mobile Unit</td> <td><input type="checkbox"/> Utensil washing area</td> </tr> <tr> <td><input type="checkbox"/> Overnight parking for Mobile Unit</td> <td><input type="checkbox"/> Equipment and utensil storage area</td> </tr> <tr> <td><input type="checkbox"/> Overnight refrigeration</td> <td><input type="checkbox"/> Prepackaged foods for retail sale</td> </tr> </table>	<input type="checkbox"/> Approved potable water source	<input type="checkbox"/> Food preparation area	<input type="checkbox"/> Waste water disposal	<input type="checkbox"/> Food storage area	<input type="checkbox"/> Cleaning area for Mobile Unit	<input type="checkbox"/> Utensil washing area	<input type="checkbox"/> Overnight parking for Mobile Unit	<input type="checkbox"/> Equipment and utensil storage area	<input type="checkbox"/> Overnight refrigeration	<input type="checkbox"/> Prepackaged foods for retail sale
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Certification
<p>I give the Mobile Unit listed above permission to use my establishment. I will provide the Mobile Unit operator with a copy of my establishment's health license and last inspection report.</p> <p>_____</p> <p>Owner/Manager Signature Date</p>