

Base of Operation Agreement

Instructions

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.

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

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

Base of Operation Information

Base of Operation Name: _____

Base of Operation Owner/Manager Name: _____

Phone Number: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Health License Issued By: _____

Provide the Mobile Unit a copy of your current health license and last inspection report

Base of Operation Services

Frequency of services provided to the Mobile Unit: Daily Weekly Other: _____

Services that will be provided (select all that apply):

- | | |
|------------------------------------------------------------|-------------------------------------------------------------|
| <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 |

Certification

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.

Owner/Manager Signature

Date