

## Base of Operation Agreement

**2022/23**

### Instructions

**Base of Operation Owner/Operator:** Complete this form and provide the Mobile Unit a copy of your current health license or business license and last health inspection report.

**Mobile Unit Owner:** Submit this form, the Base of Operation's health or business license, and the Base of Operation's last health inspection report along with your Mobile Unit License Application.

### Mobile Unit Information

Mobile Unit Name: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Base of Operation Information

Base of Operation Name: \_\_\_\_\_

Base of Operation Owner/Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Health License (provide copy) Issued By: \_\_\_\_\_

### Base of Operation Services

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

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

 Approved potable water source Food preparation area Wastewater/refuse disposal Food storage area Cleaning area for Mobile Unit Utensil washing area Overnight parking for Mobile Unit Equipment and utensil storage area Overnight refrigeration 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 or business license and last health inspection report.

Owner/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).**