

**SERVICING AREA AUTHORIZATION TO
OPERATE MOBILE FOOD UNIT**

Business Name of Servicing Area: _____

Physical Address of Servicing Area: _____

Owner/Operator of Servicing Area: _____

Telephone # of Servicing Area: _____

As Owner/Operator of the permitted food establishment located at the above address, I hereby grant the Owner/Operator of _____ approval to utilize my facility as a Servicing Area for purposes of servicing and maintaining their mobile food unit. My facility is approved for use in the following capacities:

- GARBAGE DISPOSAL
- LIQUID WASTE DISPOSAL
- POTABLE WATER SOURCE
- FOOD STORAGE
- FOOD PREPARATION
- UTENSIL/DISHWASHING

Signature

Date

Print Name