

Base of Operation Agreement

2024/25

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).