



**SERVICING AREA AGREEMENT FOR CATERER WITHOUT PREMISES**

**PART 1**

From (Applicant/Operator): \_\_\_\_\_

I have applied for a Food Establishment permit to operate as a Caterer Without Premises,  
in accordance with the requirements set forth in the State of Delaware Food Code.

I agree to conditions set forth in this Section, specifically:

a. The Caterer Without Premises shall operate from a Servicing Area, using the premises of the permitted Food Establishment indicated in Part 2 below for receiving, storage, preparation and packaging. The Caterer shall operate in a safe and sanitary manner, shall be accessible for regulatory inspections and is required to maintain a valid Food Establishment permit while conducting the approved business; and

b. The Servicing Area used as an operating base for the Caterer Without Premises shall possess a valid Food Establishment permit issued by the Division of Public Health, and shall be constructed and operated in compliance with these Regulations.

Signature of Applicant/Operator: (X) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART 2**

From (Food Establishment Permit Holder) \_\_\_\_\_

I agree to allow the above-named operator use of the facilities located at:

\_\_\_\_\_ Permitted Food Establishment \_\_\_\_\_ Facility ID No. \_\_\_\_\_ Permit Exp. Date \_\_\_\_\_

\_\_\_\_\_ Street Address of Food Establishment \_\_\_\_\_ City \_\_\_\_\_ DE State \_\_\_\_\_ ZIP Code \_\_\_\_\_

for servicing operations of a Caterer Without Premises

Signature of Permit Holder: (X) \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICIAL USE ONLY BELOW THIS LINE**

AGREEMENT REVIEWED: APPROVED \_\_\_\_\_ DISAPPROVED \_\_\_\_\_ BY \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_