

OFFICE OF FOOD PROTECTION 417 FEDERAL ST DOVER DE 19901-3635

PH: 302-744-4546 FAX: 302-739-3839

SERVICING AREA AGREEMENT FOR MOBILE FOOD UNIT

PART 1		
From (Applicant/Operator):		
I have applied for a Food Establishment permit to operate a Mobile Food Unit or Pushcart, in accordance with the requirements set forth in the State of Delaware Food Code . I agree to conditions set forth in this Section, specifically:		
 b. The Servicing Area used as an operating base for M Establishment permit issued by the Division of Public Health, a these Regulations. 		
Signature of Applicant/Operator:		
Printed Name:	Date:	
PART 2		
From:		
Food Establishment	Permit Holder	
I agree to allow the above-named operator use of the facilities lo	cated at:	
Permitted Food Establishment	Facility ID No.	// Permit Exp. Date
r emitted r ood Establishment	r acinty ib No.	r ermit Exp. Date
Street Address of Food Establishment	City	State ZIP Code
for servicing operations of a Mobile Food Unit or Pushcart.		
Signature of Permit Holder:		
Printed Name:		
FOR OFFICIAL USE ONLY BELOW THIS LINE		
ACDEEMENT DEVIEWED: ADDDOVED DISABBBOVED	DV	DATE / /
AGREEMENT REVIEWED: APPROVED DISAPPROVED	Day	DATE// c No 35-05-20/08/10/02
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