



Southeastern Idaho Public Health

SERVICING AREA AGREEMENT

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

MOBILE FOOD ESTABLISHMENT NAME: _____

OWNER(S) NAME: _____ PHONE NO: _____

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR

The below listed facility will be providing the following services to the above mentioned business owner/operator on a DAILY BASIS WEEKLY BASIS

OTHER, EXPLAIN: _____

- | | |
|--|---|
| <input type="checkbox"/> Approved Potable Water Source | <input type="checkbox"/> Food Preparation Area |
| <input type="checkbox"/> Waste Water Disposal | <input type="checkbox"/> Food Storage Area |
| <input type="checkbox"/> Cleaning Area for MFE | <input type="checkbox"/> Utensil Washing Area |
| <input type="checkbox"/> Overnight Storage of MFE | <input type="checkbox"/> Equipment and Utensil Storage Area |
| <input type="checkbox"/> Overnight Refrigeration | <input type="checkbox"/> Prepackaged Foods for Retail Sale |

SERVICING AREA NAME: _____

OWNER/MANAGER: _____

ADDRESS: _____ CITY/STATE _____ ZIP: _____

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____

FOOD ESTABLISHMENT PERMIT ISSUED BY: _____ PERMIT #: _____

(ATTACH COPY OF PERMIT/LICENSE ISSUED BY REGULATORY AGENCY)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

SIGNATURE: _____ DATE: _____

TITLE: _____