



**NORTHERN NEVADA PUBLIC HEALTH  
ENVIRONMENTAL HEALTH SERVICES DIVISION**

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**MOBILE AND PORTABLE UNIT ANNUAL ITINERARY**

Name of Food Establishment: \_\_\_\_\_

Permit #: \_\_\_\_\_ VIN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Servicing Area: \_\_\_\_\_ Primary Contact: \_\_\_\_\_

Permit Number: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Site Locations to be Served**

Location 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Toilet facility location available along route: \_\_\_\_\_

Location 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Toilet facility location available along route: \_\_\_\_\_

Location 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Toilet facility location available along route: \_\_\_\_\_

Location 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Toilet facility location available along route: \_\_\_\_\_

Location 1: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Toilet facility location available along route: \_\_\_\_\_

NOTE: Any changes in food service locations, servicing area location and/or operations, and scheduling changes must be submitted to the Northern Nevada Public Health prior to.

Print Name: \_\_\_\_\_

Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Proposed Itinerary**

Which months do you plan on operating (check all that apply)?

Jan    Feb    Mar    Apr    May    Jun    Jul    Aug    Sept    Oct    Nov    Dec

In the table below, provide a proposed weekly itinerary for your operations. This will be used to coordinate inspections.

<b>Time Period</b>	<b>Sunday</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	<b>Saturday</b>
<i>e.g. 8AM-12PM</i>	<i>Service Area</i>				<i>Service Area</i>	<i>Service Area</i>	<i>Service Area</i>
<i>e.g. 5pm-9pm</i>	<i>Location 3</i>				<i>Location 1</i>	<i>Location 1</i>	<i>Location 2</i>

Provide a list of the special events you plan to operate at in the space below.

Provide any additional information about your proposed itinerary in the space below.