



**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 2: _____

Address: _____ City: _____ Zip: _____

Toilet facility location available along route: _____

Location 3: _____

Address: _____ City: _____ Zip: _____

Toilet facility location available along route: _____

Location 4: _____

Address: _____ City: _____ Zip: _____

Toilet facility location available along route: _____

Location 5: _____

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 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.

Time Period	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<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.