

	<p style="text-align: center;"> NORTHERN NEVADA PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street, Bldg B, Reno, Nevada 89512 Telephone (775) 328-2434 www.nnph.org healthes@nnph.org SERVICING AREA AGREEMENT </p>	<p style="text-align: center;">OFFICE USE ONLY</p> Fee Paid _____ Date Paid _____ Cash/CC/Check _____ Receipt No. _____
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**THIS AGREEMENT MUST BE SIGNED AND SUBMITTED TO THE HEALTH AUTHORITY ANNUALLY.
 FAILURE TO SUBMIT THIS AUTHORIZATION MAY RESULT IN PERMIT SUSPENSION.
 LEAVE NO BLANK SPACES.**

SERVICING AREA (SA) AGREEMENT (MUST CHECK ONE):

NEW AGREEMENT
 ANNUAL RENEWAL (within 30 days of permit renewal)
 CHANGE SA LOCATION

VIN #: _____ MOBILE PERMIT #: _____

MOBILE FOOD UNIT NAME: _____

OWNER(S) NAME: _____ PHONE NO: _____

SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY SERVICING AREA OWNER/OPERATOR YEARLY

How many Mobile/Portable Units are using this facility as a Servicing Area/Depot? _____

The facility listed below will be providing the following services to the above-mentioned business owner/operator:

- | | |
|---|--|
| <input type="checkbox"/> Potable Water Source & Wastewater Disposal | <input type="checkbox"/> Food Preparation Area |
| <input type="checkbox"/> Equipment and Utensil Storage Area | <input type="checkbox"/> Cooling/Cold Holding |
| <input type="checkbox"/> Cleaning Area | <input type="checkbox"/> Utensil/Dish/Equipment Washing Area |
| <input type="checkbox"/> Overnight Refrigeration/Freezer | <input type="checkbox"/> Dry Food Storage Area |

Servicing Area Name: _____ Servicing Area Permit #: _____

Owner/Manager Name: _____

Physical Address: _____ City/ST: _____ Zip: _____

Contact #: _____ Email: _____

*****Out of jurisdiction SAs must attach a copy of their current health permit and most recent routine health inspection.*****

By signing, I give permission to the above-listed Mobile Food Unit Operator to use my establishment located at the above address as a servicing area. Additionally, I agree that this authorization is only valid for one year from the date below.

SIGNATURE: _____ DATE: _____

DO NOT WRITE BELOW – FOR OFFICIAL HEALTH DISTRICT USE ONLY

NNPH PERMIT #

Health District Representative Signature