

	<p>NORTHERN NEVADA PUBLIC HEALTH ENVIRONMENTAL HEALTH SERVICES DIVISION 1001 East Ninth Street, Bldg B, Reno, Nevada 89512 Telephone (775) 328-24346 www.nnph.org healthes@nnph.org</p> <p>SERVICING AREA AGREEMENT</p>	
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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 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 & Waste Water 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 must attach copies of Permit issued by Regulatory Agency most current Health Inspection.**

By signing, I give permission to the above-listed Mobile Food Unit Operator to use as a servicing area my establishment located at the above address. 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*
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