Service Area Authorization

Annual Renewal Required YEAR: _____

This serves to notify the Rappahannock Health District that:

I, the owner/operator of the food facility noted below, will allow my facility to serve as a service area for the mobile food establishment noted below. I understand that as a Service Area for the mobile food establishment, I must allow the mobile food establishment to return for servicing on a daily basis. I understand that by signing this form my facility will be inspected periodically by the local health department to ensure the requirements are met.

Name of Service Area			
Address of Service Area			
Name of Owner/Operator			
Days/Hours of Operation			
Day Phone		E-mail Address	
Service Area Water Supply	☐ Public ☐ Private	Service Area Sewage Disposal	☐ Public ☐ Private
Name of Mobile Food Establishment			
Name of Mobile Food Establishment Owner/Operator			

The following services are provided for the Mobile Food Establishment by my facility:

1 Sanitary disposal of waste water and grease.	3. Disposal of garbage and refuse.
2. Potable water for filling water tanks.	4. Hot and cold water under pressure for cleaning.

_____ _____ _____

Signature of Service Area Operator Print Name Date

I, the owner or operator of the mobile food establishment noted above agrees to use this food facility as a service area for servicing on a daily basis. I will use the service area for the requirements noted above. If I do not use the service area, my Virginia Department of Health food-service permit may be revoked, and I must stop operating until I obtain another service area and provide a new service area authorization document to the Local Health Department.

_____ _____ _____

Signature of Mobile Food Establishment Owner/Operator Print Name Date