


# Service Area Agreement

Annual Renewal Required: Year \_\_\_\_\_

	BRHD Local Environmental Health Offices		Phone	FAX
	Charlottesville/Albemarle, 1138 Rose Hill Drive, Charlottesville, VA 22903		434-972-6219	434-972-4310
	Fluvanna County, Route 15, County Office Bldg., PO Box 136. 132 Main Street, Palmyra, VA 22963		434-591-1965	434-591-1966
	Greene County, 50 Stanard Street, PO Box 38, Stanardville, VA 22973		434-985-2262	434-985-4822
	Louisa County, 101 Woolfolk Avenue, Suite 203 Louisa, VA 23093		540-967-3707	540-987-3733
	Nelson County, 1645 Thomas Nelson Highway, Arrington, VA 22922		434-263-4297	434-263-4304

This letter serves to notify the Blue Ridge Health District that the mobile food vendor known as: \_\_\_\_\_ has the expressed permission of (Service Facility Name) \_\_\_\_\_ at (Address) \_\_\_\_\_ to use as their base of operations. In accordance with the [Virginia Food Regulations](#) this operator has my permission to:

1. Operate daily from my facility to clean, dispose of garbage and service their mobile unit.
2. Flush and drain liquid waste to an approved sewerage system in accordance with the Board of Health Food Regulations.
3. Construct, if necessary, a service area of smooth, nonabsorbent material which shall be kept in good repair, kept clean and properly graded to drain.
4. Approved potable water service shall be provided and shall be used and handled in a way that protects the water supply from contamination.
5. Store food and supplies as needed for their operation. Storage areas for the mobile food unit will be clearly marked for the use of mobile unit operator.

The Permitted Commissary Facility Uses:	<input type="checkbox"/> Private Well Water	<input type="checkbox"/> Public Water
	<input type="checkbox"/> Septic	<input type="checkbox"/> Public Sewage

I understand that my facility may be subject to periodic inspections by the Blue Ridge Health District.

Signature -Service Area Authority	Printed Service Area.Authority	Date:
Phone	Email:	

Signature - Mobile Food Vendor	Printed Name of Mobile Food Vendor	Date: