

Grundy County Health Department



Grundy County Health Department
Preserve, Protect and Promote Public Health

Servicing Area Agreement

Mobile Food Establishment (MFE) Name:

Owner/manager name: _____

Phone number: _____

Email address: _____

Mobile Food Establishment (MFE) Risk level:

Low

Medium

High

Servicing area is a permitted facility or location where food, and food related articles can be stored, as well as food related equipment and paper products. Also where you may be cleaning items that can't be cleaned in your truck or trailer.

Name of the servicing area facility: _____

Services that will be provided to the MFE:

(Describe in detail/Attach separate sheet if necessary)

Approved potable water source _____
(well/city water describe)

Food storage area _____

Cleaning area for MFE _____

Utensil washing area _____

Overnight storage of MFE _____

Equipment and utensil storage area _____

Overnight refrigeration/freezer How many of each unit, describe _____

Waste water disposal location or method _____

Above items must be completed or a permit will not be issued.

Owner of Servicing Facility:

Address: _____ City/State: _____ Zip: _____

Phone number: _____ Email address: _____

Servicing facility health permit issued by:

(Attach copy of food establishment permit)

I give permission to the above listed Mobile Food Establishment Operator to use my establishment located at the above address.

Signature: _____ Date: _____

Title: _____



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