



**Island County Public Health**

Environmental Health – Food Safety Program  
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E-mail: [foodsafety@islandcountywa.gov](mailto:foodsafety@islandcountywa.gov)

**8. Mobile Food Operations**

**Mobile Food Unit Name:** \_\_\_\_\_

Provide the days, hours, and location(s) that the mobile food unit will be in operation. Operations at a special event require a minimum notice of 14 days.

**Fixed Operational Dates and Locations**

Day	Time	Location (Address, City, Zip)
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

**Variable Operational Dates and Locations**

Submit a route sheet or operational schedule monthly by e-mail to [foodsafety@islandcountywa.gov](mailto:foodsafety@islandcountywa.gov) and provide a link to social media advertisement of operations (check all that apply).

Social Media Platform	Social Media Information (Website URL, Name, etc)
<i>Example: Facebook</i>	<i>Facebook.com/ICPubHealth</i>
Website	
Instagram	
Twitter	
Facebook	
Other:	
Other:	
Other:	

Note: This form will be required to be submitted annually during permit/license renewal.