



**Island County Public Health**  
 Environmental Health – Food Safety Program  
 PO Box 5000 Coupeville, WA 98239-5000  
 (360) 678-8276 • Fax: (360) 679-7390  
 E-mail: foodsafety@islandcountywa.gov

## 9. Servicing Area Agreement

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

Mobile food establishments may request approval to use a Servicing Area for support activities. "Servicing Area" means an operating base location to which a mobile food unit or transportation vehicle returns regularly for such things as vehicle and equipment cleaning, discharging liquid or solid wastes, refilling water tanks and ice bins, and boarding food. This agreement signifies that both parties agree to vendor's use of facilities for services listed below. Vendor may not use a Servicing Area without prior approval; the agreement must be renewed with every renewal or reissuance of a permit and is not transferable. This agreement is independent of any other agreements made between the Servicing Area owner and the vendor.

Food Establishment Name: \_\_\_\_\_ Operator/Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Name or Parcel Number: \_\_\_\_\_ Operator/Owner: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

I own both the business requiring and the business or land used as a Servicing Area. (If checked, **STOP**. \*Sign bottom of form and submit)

My estimated times of use of the Servicing Area are:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time							

I am to use this Servicing Area for the following (check all that applies):

Potable Water     
  Waste Disposal     
  Mobile Unit Cleaning     
 Other: \_\_\_\_\_

\*I, the Servicing Area user, contest the above information is true to the best of my knowledge and understand my food establishment license/permit is allied to my use of the listed Servicing Area and shall be renewed in accordance with my license/permit.

\_\_\_\_\_  
*Servicing Area User's Signature*      *Date*

\_\_\_\_\_  
*Servicing Area User's Printed Name*

I, the Servicing Area operator/owner, agree to allow the Servicing Area user to use the Servicing Area for the activities as indicated above and to allow open access to the Servicing Area during agreed operating times:

\_\_\_\_\_  
*Servicing Area Owner's Signature*      *Date*

\_\_\_\_\_  
*Servicing Area Owner's Printed Name*

If you would like to include any additional information, please notate it on back of this sheet.

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

Office Use Only	
EHS Approval:	Date:
Comments:	