CENTRAL NEVADA HEALTH DISTRICT
485 WEST B STREET SUITE 101
FALLON, NV 89406
PH. (775) 867-8181
HealthPermit@CentralNevadaHD.org
Environmental Health Services - Central Nevada Health District (centralnevadahd.org)

MOBILE FOOD UNIT SERVICE/DEPOT AGREEMENT

Depot/Commissary Business Information

Depot/Commissary Business Name:	Depot/Commissary Permit Number:
Depot/Commissary Owner Name	Depot/Commissary Owner Phone Number
Depot/Commissary Business Address: (street, city, state, zip)	

Acknowledgment:

As the owner/ operator of the permitted food establishment located at the above address, I hereby grant the owner/operator (name) _____

owner/operator of business name _____

approval to utilize my permitted business establishment as a depot for purposes described in NAC 446.

My facility is approved for use in the following capabilities:

- ☐ **Garbage Disposal**
- ☐ **Overnight Storage**
- ☐ **Food Preparation**
- ☐ **Liquid Waste Disposal and/or Supply**
- ☐ **Food Storage**
- ☐ **Utensil/Dish Washing**

Until further notice, I agree to allow the employees of the above referenced mobile food unit to utilize my establishment as a service/depot commissary. I understand, I will notify the above mobile food unit if there are any changes to business operating hours and/or if my business experiences issues at any time.

_____	_____	____j____j__
Signature (Mobile Business Unit Owner)	**Printed Name**	**Date**
_____	_____	____j____j__
Signature (Depot/Commissary Owner)	**Printed Name**	**Date**

OFFICE USE ONLY: **Date Received:** __j ____j____ **Processed By:** _____ **OFFICE USE ONLY:**