



MOBILE UNIT BASE OF OPERATION AGREEMENT

Queen Anne's County Environmental Health
206 N Commerce Street
Centreville, MD 21617
Phone: 410-758-2281 // Fax: 410-758-6602
E-mail: qac.env@maryland.gov

Base of operations: A licensed food service facility that is used by the owner or operator of a mobile food service facility for food storage, potable water, safe disposal of waste and sewage, and, if necessary, utensil washing.

Instructions

- **Base of Operation Owner/Operator:** Complete this form, verifying base of operation information, services mobile unit operator has permission to utilize and provide your signature.
- **Mobile Unit Owner/Operator:** Submit this form with the Mobile Food Service Facility Application

Mobile Unit Information

Mobile Unit Name: _____ Owner: _____

Length of Agreement w/Base of Operations: Monthly 6 Months 1 Year N/A (I am the owner) Other _____

Base of Operation Information

Base of Operation Name: _____

Base of Operation Owner/Operator: _____ Phone: _____

E-mail Address: _____

Street Address: _____ City: _____ Zip: _____

Days/Hours of Accessibility: _____

Expiration of Current (Health Dept Issued) License: _____

Water Supply: Public Private Sewer/Septic: Public Private Grease Trap: Yes No

Base of Operation Services

Services that will be provided (select ALL that apply):

- | | |
|--|---|
| <input type="checkbox"/> Approved potable water supply | <input type="checkbox"/> Food preparation area |
| <input type="checkbox"/> Wastewater/refuse disposal | <input type="checkbox"/> Food storage area (designated) |
| <input type="checkbox"/> Grease disposal | <input type="checkbox"/> Utensil washing (3 part sink) |
| <input type="checkbox"/> Refrigeration | <input type="checkbox"/> Equipment storage area |
| <input type="checkbox"/> Storage of vehicle/trailer/cart | <input type="checkbox"/> Cleaning area for mobile unit |

Note: If the Base of Operation's license is issued by an agency other than the Queen Anne's County Health Department, a copy of the license to operate must be submitted with the Base of Operation Agreement.

Base of Operation Owner/Operator Certification

I give the mobile unit, as listed above, permission to use my licensed establishment.

Signature: _____ Print: _____ Date: _____

As the owner of the mobile food service facility, I agree to use this base of operations as outlined above. If I do not use this facility as my base of operations, my Queen Anne's County Dept of Health food service license may be revoked, and I must stop operating until I obtain another base of operations and provide a new agreement to the Queen Anne's County Department of Health.

Signature of Mobile Unit Owner: _____ Print: _____ Date: _____