

Fee Paid \_\_\_\_\_  
Date Paid \_\_\_\_\_  
Cash/CC/Check \_\_\_\_\_  
Receipt No. \_\_\_\_\_

**SUPPLEMENTAL APPLICATION TO OPERATE  
MOBILE FOOD UNIT**

1. NAME OF MOBILE UNIT: _____			MOBILE PERMIT #: _____
2. OWNER/OPERATOR OF MOBILE UNIT: _____			TELEPHONE NUMBER: (    ) _____
3. MAILING ADDRESS: _____			
4. TYPE OF BUSINESS <input type="checkbox"/> MOBILE FOOD <input type="checkbox"/> PORTABLE UNIT FOR SERVICE OF FOOD			
5. ADDRESS OF SERVICING AREA : _____			
BUSINESS NAME: _____			
SERVICING AREA TELEPHONE NUMBER: _____			
<b>AVAILABLE SERVICES:</b>			
	SERVICING AREA	MOBILE UNIT	MOBILE FOOD VEHICLE IDENTIFICATION:
GARBAGE DISPOSAL		N/A	
LIQUID WASTE DISPOSAL		N/A	VEHICLE LICENSE NUMBER: _____
POTABLE WATER		N/A	TYPE OF VEHICLE: _____
FOOD PREPARATION			
FOOD STORAGE			
UTENSILS / DISHWASHING			
7. MENU: _____			
_____			
_____			
_____			
_____			
WASHOE COUNTY HEALTH DISTRICT MOBILE FOOD REGULATIONS STATE: SECTION 190.085 MOBILE FOOD UNITS OR PORTABLE UNIT FOR SERVICE OF FOOD MUST OPERATE FROM AN APPROVED SERVICING AREA AND MUST REPORT DAILY TO SUCH LOCATION FOR SUPPLIES, CLEANING AND SERVICING OPERATIONS.*			
*OPERATING FROM ANY OTHER SITE OTHER THAN THE APPROVED DEPOT WILL RESULT IN THE IMMEDIATE SUSPENSION OF THE HEALTH PERMIT.			
SIGNATURE OF OWNER/OPERATOR: _____ DATE: _____			