



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	
<ul style="list-style-type: none">• 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: <input type="checkbox"/> Monthly <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> N/A (I am the owner) <input type="checkbox"/> 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: _____	
<u>Water Supply:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private	<u>Sewer/Septic:</u> <input type="checkbox"/> Public <input type="checkbox"/> Private
<u>Grease Trap:</u> <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____