



Mobile Reciprocity Food Service Facility Acknowledgement Form

"Mobile food service facility" means a food service facility that is a mechanically, electrically, manually, or otherwise propelled vehicle operating on land or water that moves as part of its routine operation to:

1. Change location for sales;
2. Obtain food and other supplies;
3. Fill potable water supply holding tanks;
4. Empty wastewater holding tanks; or
5. Provide for the cleaning and sanitization of equipment and utensils.

"Mobile food service facility" **does not** include a food service facility that is able to be moved but does not move routinely for a purpose as indicated in 1 through 5 above and all food and beverage preparation procedures must be performed within the interior of the unit.

A Base of Operations is required for High, Moderate and Low Priority mobile food service facilities (excluding those that offer **only** prepackaged frozen desserts) and must be a licensed food service facility which provides the following:

1. A source of potable water, potable water hoses, and clean connections;
2. A method for disposal of sewage (wastewater);
3. Clean, adequate, and covered trash receptacles; and, if necessary
4. Refrigerated and dry food storage areas; and
5. A utensil washing facility.

A Commissary or Base of Operations must be located in the jurisdiction of the local Health Department that issues the Mobile Food Service Facility License ("Home County of Origin") for you to be eligible to obtain a Mobile Reciprocity Food Service Facility License from Anne Arundel County. You must provide either:

1. A signed Base of Operations Permission Form/letter from the Home County of Origin; or
2. An inspection report from the Home County of Origin; **and**
3. The name and location of the Base of Operations located in the Home County of Origin.

Name of Base of Operations Facility: _____

Address of Base of Operations: _____

I acknowledge and confirm that I must comply with the Mobile Reciprocity Food Service Facility information provided in this form.

Name of Mobile Reciprocity Food Service Facility: _____

Name of Applicant (Printed): _____

Signature of Applicant: _____ Date: _____