



Mobile Food Service Facility (Mobile Unit) Depot Permission Form

Mobile Unit Name: _____
(Please Print)

Mobile Unit Owner: _____
(Please Print)

Mobile Unit License Tag Number: _____

Vehicle Identification Number (VIN #): _____

Mobile Unit Owner Phone Number _____ Email _____

Depot Owner Phone Number _____ Email _____

I, _____ hereby give the above identified mobile unit
Depot Owner Name (Please Print)

permission to use my licensed food service facility _____
Facility Name and License Number (Please Print)

located at _____ as a depot site starting
Facility Address (Please Print)

_____ and ending _____
Date Date

Depot located in Anne Arundel County? (Circle one) YES or NO _____
If no, list county/municipality

Facilities/equipment used at this depot include: (Please check all that apply)

- Waste Water Disposal
- Potable Water
- Cooking Equipment
- Cold Storage
- Dry Storage
- Ware Washing
- Other _____

If the authorized depot is served by a private well and the water supply is deemed as non-potable, the depot owner must immediately notify the mobile unit owner and the mobile unit operator must contact the Anne Arundel County Department of Health (410-222-7364) to receive approval of an alternate water supply to continue food service operations. Any change in the use or designation of an authorized depot requires prior approval by the Department of Health.

Depot Owner Signature _____ Date _____

Mobile Unit Owner Signature _____ Date _____