

# Mobile Food Service Facility (Mobile Unit) Commissary/Depot Permission Form



Baltimore County Department of Health  
Division of Environmental Health Services  
9100 Franklin Square Drive, Suite 230 • Baltimore MD, 21237  
Phone: (410) 887-3663 • Fax: (410) 887-3392 • [ehs@baltimorecountymd.gov](mailto:ehs@baltimorecountymd.gov)



Mobile Unit Name: \_\_\_\_\_

Mobile Unit Owner: \_\_\_\_\_  
(Please Print)

Mobile Unit License Tag Number: \_\_\_\_\_

Vehicle Identification Number (VIN#): \_\_\_\_\_

Mobile Unit Owner Phone Number: \_\_\_\_\_

Owner's Email: \_\_\_\_\_

Commissary/Depot Owner Phone Number: \_\_\_\_\_

Commissary/Depot Owner Email: \_\_\_\_\_

I, \_\_\_\_\_ hereby give the above identified  
Commissary/Depot Owner Name (Please Print)

mobile unit permission to use my licensed food service facility (a copy of the permit is attached)

\_\_\_\_\_  
Facility Name and License Number (Please Print)

as a commissary/depot site starting \_\_\_\_\_ and ending \_\_\_\_\_  
Date Date

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

- ☐ Waste Water Disposal
- ☐ Potable Water
- ☐ Cooking Equipment
- ☐ Cold Storage
- ☐ Ware Washing
- ☐ Other \_\_\_\_\_

If the depot is served by a private water system and the water supply is deemed non-potable at any time by the approving authority, the commissary/depot owner must immediately notify the mobile unit owner if the water supply is used in their operations. The mobile unit operator must immediately contact the Baltimore County Department of Health, Division of Environmental Health Services (410-887-3663) and receive approval for obtaining an alternate potable water source/alternate commissary/depot to continue food service operations. If at any time the mobile unit no longer utilizes the commissary/depot or the mobile unit changes the commissary/depot location, the Baltimore County Department of Health, Division of Environmental Health Services must be contacted for approval of these changes.

This form shall be completed each licensing year or when changes occur with the commissary/depot location.

Commissary/Depot

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mobile Unit

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_