

**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)

as a depot site starting \_\_\_\_\_ and ending \_\_\_\_\_.  
Date Date

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 depot is served by a private water system and the water supply is deemed non-potable at any time by the governing authority, the 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 Anne Arundel County Department of Health (410-222-7238/7239) and receive approval for obtaining an alternate potable water source/alternate depot to continue food service operations. If at any time the mobile unit no longer utilizes the depot or the mobile unit changes the depot location, the Anne Arundel County Department of Health must be contacted for approval of this change.

Depot Owner Signature \_\_\_\_\_ Date \_\_\_\_\_

Mobile Unit Owner Signature \_\_\_\_\_ Date \_\_\_\_\_