



Queen Anne's County  
Department of Environmental Health  
206 N. Commerce St  
Centreville, MD 21617  
Phone: 410-758-2281 Fax: 410-758-6602

## Base of Operations Agreement

### Instructions

This form should be completed and signed by the Base of Operation owner/operator. Mobile unit owners should submit this form, a Mobile Unit Application and a Mobile Food Plan Review Packet.

Mobile Unit Name: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Base of Operation Information

Base of Operation Name: \_\_\_\_\_

Base of Operation Owner/Operator Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Days/Hours of Accessibility: \_\_\_\_\_

Water Supply:  Public  Private Sewage Disposal:  Public  Private

**The following services are provided for the mobile unit as required by the Queen Anne's County Environmental Program.**

### Base of Operation Services

Services that will be provided (select ALL that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Approved potable water source   | <input type="checkbox"/> Food preparation area          |
| <input type="checkbox"/> Waste water 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 |   |

### Certification

As owner/operator of the base of operations, as listed above, I give permission for the described mobile unit to use my establishment and selected services.

\_\_\_\_\_  
Owner/Operator Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date