



**Benton-Franklin Health District
Environmental Health Division**
7102 W. Okanogan Place • Kennewick, WA 99336
(509) 460-4205 or (800) 814-4323
www.bfhd.wa.gov

For Office Use Only	
App Accepted By:	

Mobile Location Agreement

This agreement must be signed by the owner of the property where the mobile unit is located. It is intended to document the hours and provisions provided to the mobile unit by the property owner.

SECTION 1: INFORMATION FROM THE MOBILE UNIT OWNER

Date of Application	Proposed Opening Date	Application must be approved before beginning food service.	
Business Name	Telephone Number ()	BFHD Mobile Unit #	
Hours of Operation			
Sun: ___ to ___ Mon: ___ to ___ Tue: ___ to ___ Wed: ___ to ___ Thu: ___ to ___ Fri: ___ to ___ Sat ___ to ___			

SECTION 2: LOCATION INFORMATION

Location Name	Street Address	City
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SECTION 3: LOCATION USAGE

1. The Location will provide restroom facilities with plumbed toilets, hot and cold running water, soap, and single-use towels for mobile unit employees within 200 feet of this mobile unit at ALL times the mobile unit is in operation. If the mobile unit operates when the property location is closed, the mobile unit operator will have a key to the restroom facilities located on the property.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. The Location will provide restroom facilities with plumbed toilets, hot and cold running water, soap, and single-use towels for mobile unit customers within 200 feet of this mobile unit at ALL times the mobile unit is in operation. <i>Note: If the mobile unit has seating for customers, it must also provide access to customer restrooms.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. The Location will provide a potable water source of <input type="checkbox"/> municipal water or <input type="checkbox"/> approved well for the mobile unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. The Location will provide an approved wastewater dump site, either <input type="checkbox"/> city sewer or <input type="checkbox"/> septic system, for the mobile unit.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. The Location allows the mobile unit to be stored on the property during times that the mobile unit is not operating.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: SIGNATURES

<p>To be understood and signed by the Location Property Owner:</p> <p>I certify by signature that I am the owner of the property listed above in Section 2. I further certify that I grant permission for the owner of the above referenced mobile unit to conduct business on my property as listed in Section 3 above.</p>	<p>To be understood and signed by the Applicant:</p> <p>I certify by signature that I am the owner of the above referenced mobile unit and that I will conduct my business on this property during the business hours listed in Section 1. If any information on the application changes, either by will of the commissary owner or myself, I will notify the Benton-Franklin Health District for approval.</p>
Signature of Property Owner	Signature of Applicant
Printed Name/Date	Printed Name/Date

Comments from Property Owner: