

Servicing Area Agreement

Food and Beverage Establishments

You are not required to submit this Servicing Area Agreement. However, you are required to submit some form of documentation addressing information in this template from the kitchen licensee stating they give you approval to use their kitchen.

Establishment Information

Provide information about the establishment that will be using the servicing area.

Establishment Name:	Address:	City, State, ZIP:
Primary Contact:	Phone and Email:	Food License #:

Support Services

Select one or more of the following support services to take place at the servicing area.

- Vehicle and equipment cleaning.
- Emptying liquid or solid wastes.
- Refilling water tanks or ice bins.
- Loading food.
- Cleaning and sanitizing utensils and/or equipment.
- Other (Describe) _____

Servicing Area Information

Provide information for the licensed facility of the servicing area.

Licensed Facility Name:	Address:	City, State, ZIP:	
County:	Phone:	Food License #:	Licensing Agency:

Authorization

I authorize _____ to use my licensed facility as a servicing area.

Servicing Area Owner/Operator Signature:	Date:
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