



CLARK COUNTY PUBLIC HEALTH
 1601 E. Fourth Plain Blvd. • P.O. Box 9825
 Vancouver, WA 98666-8825
 (360) 397-8428 • eph@clark.wa.gov • www.clark.wa.gov

MOBILE FOOD UNIT SITE OR ROUTE LOCATION FORM (Annual Renewal Submitted to CCPH)

The Mobile Food Unit owner/operator must provide Clark County Public Health (CCPH) with contact information which will provide one or more methods of being able to identify the location of operation any day of the week. Methods include: cell phone, email, online web page and/or posted calendar, Facebook or Twitter account.

Please complete this form and submit it with your application packet:

Mobile Food Unit/Vendor Information:

Name of Business: _____ Owner/Operator: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Email: _____ Web Page: _____

Facebook: _____ Twitter: _____

Mobile Site Location Route Plan Mobile: Check box if using a single location

Attach additional pages as needed.

Address including city and zip code	Days	Time	Restroom Agreement Required*
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>

***Restroom access for employees is required within 200 feet of the Mobile Food Unit. Mobiles at a permanent location OR with route stops of more than one hour are required to have a signed Restroom Agreement on the Mobile Food Unit for review at time of inspection.**

Owner/Operator Printed Name & Title	Signature	Date

Environmental Health Specialist	Date