

## MOBILE VENDING OPERATION SUPPORT FACILITY INFORMATION FORM

### A. SUPPORT FACILITY INFORMATION

1. Name of Support Facility: \_\_\_\_\_
2. Name of Support Facility Owner: \_\_\_\_\_
3. Address, City, Zip: \_\_\_\_\_
4. Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Email: \_\_\_\_\_ Website: \_\_\_\_\_
6. Do you operate from a support facility on a daily basis? \_\_\_\_ YES \_\_\_\_ NO  
If No, explain: \_\_\_\_\_
7. Do you report back to the support facility at the end of the day for all cleaning, servicing operations and waste disposal? \_\_\_\_ YES \_\_\_\_ NO  
If No, Explain: \_\_\_\_\_
8. What hours do you report to the support facility? Morning: \_\_\_\_\_ Evening: \_\_\_\_\_
9. Is this support facility inspected by the Philadelphia Health Department? \_\_\_\_ YES \_\_\_\_ NO  
If NO, provide a copy of a recent inspection report for the support facility.
10. Name of regulatory agency that inspects the support facility: \_\_\_\_\_
11. What fuel sources does your operation utilize (check all that apply)?  
 Propane Fuel  
 Electrical Generator  
 Other \_\_\_\_\_
12. Please check all types of food sold on your unit.
 

<input type="checkbox"/> Prepackaged only	<input type="checkbox"/> Cold foods
<input type="checkbox"/> Pretzels	<input type="checkbox"/> Meat products
<input type="checkbox"/> Water Ice	<input type="checkbox"/> Whole fish
<input type="checkbox"/> Ice Cream	<input type="checkbox"/> Processed fish
<input type="checkbox"/> Produce	<input type="checkbox"/> Other _____
<input type="checkbox"/> Hot foods	_____

Mobile Vending Unit Name and ID Number: \_\_\_\_\_

Mobile Vending Unit Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Support Facility Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_