

**SCHEDULE A:
MOBILE VENDING OPERATION SUPPORT FACILITY INFORMATION**

A. SUPPORT FACILITY INFORMATION:

1. Name of Support Facility: _____
2. Name of Support Facility Owner: _____
3. Address, City, Zip: _____
4. Business Phone: _____ Email: _____
5. Do you operate from the support facility on a daily basis? _____ YES _____ NO
If *NO*, explain: _____
6. 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: _____
7. What hours do you report to the support facility? Morning: _____ Evening: _____
8. Is this support facility inspected by the Philadelphia Health Department? _____ YES _____ NO
If *NO*, provide a copy of a recent inspection report and food license for the support facility. Name of the regulatory agency that inspects the support facility: _____
9. What fuel source(s) does your operation utilize? _____
10. Please check all types of food sold on your unit:
 Prepackaged food only Cold prepared foods Meat products Water ice/Ice cream Whole fish/Fresh seafood
 Fresh produce Deep-fat fried foods Hot cooked foods Fruit salad/Smoothie Other _____

B. FOOD SUPPLY INFORMATION: Provide food supplier information for prepared food not prepared on the mobile food unit and information for each food item.

1. Prepared Food Supplier Name: _____
Street Address, City, Zip: _____
2. Address where purchase receipts are kept (these must be available for inspection at all times):
Street Address, City, Zip: _____
3. The above Support Facility is used for the following (check all that apply):
 Food Water Supplies Cleaning of equipment/utensils Storage of vendor unit Waste disposal
Applicant Name (please print): _____
Applicant Signature: _____ Date: _____
Support Facility Owner/Operator Name (please print): _____
Support Facility Owner/Operator Signature: _____ Date: _____