

## Flathead City-County Health Department

## **Environmental Health Services**

1035 First Ave. West Kalispell, MT 59901 (406) 751-8130 FAX 751-8131 www.flatheadhealth.org Community Health Services 751-8110 FAX 751-8111 Administration 751-8101 FAX 751-8102 Family Planning Services 751-8150 FAX 751-8151 Home Health Services 751-6800 FAX 751-6807 WIC Services 751-8170 FAX 751-8171 Animal Shelter 752-1310 FAX 752-1546

## Commissary/Rental/Service Area Agreement Form

This is a service area agreement for mobile food service operations as required by the Administrative Rules of Montana (ARM) 37.110.256 and for other food service operations (i.e. catering) in order to meet the requirements of a commercial kitchen.

Licens	sed/Approved Service Area (attach copy of lice	nse or written approval):		
	Establishment Name:			
	Address:	Telephone: (	)	-
	Owner Name: (print):			
Mobi	le Food Service:			
	Establishment Name:			
	Address:	Telephone: (	)	
	Owner Name: (print):			
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Providing quality public health services to ensure the conditions for a healthy community.

\*\* This Form Must Be Posted With the Mobile License or Temporary Permit Whenever Operating \*\*

