



Environmental Health Department

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Community Health Services
751-8110 FAX 751-8111
Environmental Health Services
751-8130 FAX 751-8131
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.

The agreement is between the two parties listed below for the Annual Agreement Year 20____
(This agreement must be renewed each license year).

Licensed/Approved Service Area (attach copy of license or written approval):

Establishment Name: _____
Address: _____ Telephone: (_____) _____ - _____
Owner Name: (print): _____

Mobile Food Service:

Establishment Name: _____
Address: _____ Telephone: (_____) _____ - _____
Owner Name: (print): _____

The operations conducted in the service area will include (check all that apply):

- Servicing water and waste-water (filling potable water and waste water disposal)
- Cleaning/Sanitizing equipment, dishes and/or utensils
- Cold storage of food
- Dry storage of food
- Food preparation (cutting, cooking, cooling, reheating, etc.)
- Other (list): _____

Expected scheduled usage of commissary (circle all that apply):

Days: Sun Mon Tues Wed Thur Fri Sat Varies
Hours: _____

Signed: _____ Date: _____
Licensed/Approved Service Area Owner

Signed: _____ Date: _____
Mobile/Other Food Service Owner

