



Davie County Health Department
Environmental Health Section

P.O. Box 848
210 Hospital Street
Courier # : 09-40-06
Mocksville, NC 27028



Phone: (336) - 751 - 8760

Fax: (336) 753-1680

MFC/PC AGREEMENT

I, _____ of _____
(NAME) (MFU/PC)

agree to use _____ with consent from,
(ESTABLISHMENT)

_____, for storage of food/utensils, cleaning of utensils, and
(NAME OF ESTABLISHMENT OWNER)

disposing of solid waste/wastewater. I agree to notify the Health Department if such
agreement is broken by either party and the MFU no longer is using the permitted
establishment, _____, for storage and disposing of
(ESTABLISHMENT)

waste as the permit will be revoked at such time.

(SIGNATURE)

(DATE)