



Davie County Health Department Environmental Health Section

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



Phone: (336) - 753 - 6780

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ESTABLISHMENT AGREEMENT

I, _____ of _____
(NAME OF HOST ESTABLISHMENT OWNER) (ESTABLISHMENT)

agree to let _____ of _____
(MFU/PC OWNER) (MFU/PC NAME)

use my food service establishment for storage of food/utensils, cleaning of utensils, and

disposing of solid waste/wastewater. I agree to notify the Health Department if such

agreement is broken by either party and the MFU/PC 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)