MOBILE FOOD UNIT ITINERARY
AND OPERATING SCHEDULE

☐ I plan on operating at one location.

Location Address: _____
Number Street City Zip Code

☐ I plan on operating at multiple locations or on a route.

List all locations where you plan to operate. If operating on a fixed route or in multiple locations, indicate the approximate time (and dates, if applicable) you will be at each location. Attach additional sheets if necessary.

Operating Location	Approximate Time (Dates) at Location