A red text with a flower

Description automatically generated

**Application for Mobile Food Unit Permit**

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| Type of Food to be Offered: | | |
| Mobile Food Unit Name: | | |
| Location(s) or Placement of Unit for Operation (attach separate sheet if necessary): | | |
| Mobile Food Unit Owner's Name and Mailing Address: | | |
| Mobile Food Unit Operating Hours & Days: | | TX Sales & Use Tax Permit Number (attach Certificate copy): |
| Mobile Food Unit Owner Email Address: | | Mobile Food Unit Owner Phone Number: |
| Additional Responsible Party Name: | | Add'I Responsible Party Phone Number: |
| Property Owner Name & Mailing Address: | | Property Owner Email Address: |
| Business Type:  Proprietorship Partnership Corporation/LLC | | Mobile Food Unit Number of Employees: |
| Mobile Food Unit Make/Model/Year: | | **Include the Following:**  1. Driver’s License  2. Auto Insurance  3. Business License  4. Food Handlers Permit  5. Health Department Permit  6. Fire Certificates  7. Tax Certificates |
| Mobile Food Unit Color: | Plate Number and State: |
| Mobile Food Unit VIN Number: | |
| Business Mailing Address for Renewal Notice: | |
| Applicant Signature Printed Name Date  I I I I | | |