

**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 License2. Auto Insurance3. Business License4. Food Handlers Permit5. Health Department Permit6. Fire Certificates7. 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 DateI I I I |