

MOBILE FOOD UNIT AND ROADSIDE FOOD VENDOR INFORMATION

Type of Unit: <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Trailer <input type="checkbox"/> Pushcart <input type="checkbox"/> Other	Description of Vehicle Make _____ Model _____
Vehicle Identification/Serial No. _____	Year _____ Size _____ Color _____
Unit No. and/or Truck No. _____	
License Plate No./State _____	

List Foods To Be Sold _____

Central Preparation Facility (CPF) This applies to Mobile Food Units only:

Name, Address, City, State: _____

CPF Permit #: _____ Issued by: DSHS **OR**

Other (please specify) _____

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a Sole Proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 437 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 228 & 229, and agree to abide by them.

_____ Signature	<input type="checkbox"/> OWNER <input type="checkbox"/> PARTNER <input type="checkbox"/> PRESIDENT <input type="checkbox"/> CORPORATE DESIGNEE / AGENT	_____ Date
_____ Printed Name & Title		

PURPOSE OF THIS APPLICATION: This application is for mobile food/roadside/school food establishment where the county has jurisdiction.

Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

New (Initial) - Start Date of Regulated Activity: _____

Change of Ownership (Including legal entity) Previous owner: _____

Effective Date: _____

Change of ownership (including change of legal entity) requires submission of a new application.

- Amended**
- Change of Location [previous location: _____] Enter the date the
 - Change of Name [previous name: _____] } change was
 - Other: _____ } effective
- Date: _____

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application.

Renewal

Notice that firm is out of business. Date: _____

Sign and date. Return for deletion from our records.

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

Name & Title

Residence Address

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www._____

MAILING INFORMATION (The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

REVISED 01/29/2025

