



## Mobile Food Establishment Permit Application

Fee: \$ \_\_\_\_\_

Permit Expiration Date: \_\_\_\_\_

Completely fill out application or application will not be processed. (Please print)

Driver/Responsible Person \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Driver's License \_\_\_\_\_

Vehicle license plate \_\_\_\_\_

Type of Owner                      Sole ( )              Corporation ( )              Partnership ( )

Name of Owner/Corp \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Commissary Name \_\_\_\_\_

Address & Phone Number \_\_\_\_\_

Certified Food Manager's Name \_\_\_\_\_

TDH Certification Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

\_\_\_\_\_  
Signature/Print

\_\_\_\_\_  
Date