



## MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

<b>Vehicle Information</b> <input type="checkbox"/> <i>unincorporated Tarrant County</i>							Area		Phone		
Establishment Name											
<b>Vehicle # and License Tag #</b> <i>list all vehicle number and tag numbers below</i>											
1.		2.		3.		4.		5.			
6.		7.		8.		9.		10.			
<b>Commissary Information</b> <input type="checkbox"/> <i>Letter of Agreement on file</i>							Area		Phone		
Establishment Name											
Address											
City							State		Zip		
<b>Owner Information</b> <input type="checkbox"/> <i>if corporation, list principals on back</i>							Area		Phone		
Name:											
Address:											
City							State		Zip		
<b>Billing Information</b> <i>or choose</i> <input type="checkbox"/> <i>Site Address</i> <input type="checkbox"/> <i>Owner Address</i>							Area		Phone		
C/O											
Address											
City							State		Zip		
<b>Operation Type</b> <i>choose one that best describes your base operation</i>											
<input type="checkbox"/> Prepackaged Products				<input type="checkbox"/> Open Preparation				<input type="checkbox"/> Push Cart			
<b>Applicant's Name</b> <i>Printed</i>							<b>Signature</b>			<b>Title</b>	
X							X			<input type="checkbox"/> Owner	
										<input type="checkbox"/> Authorized Agent	
<b>DO NOT WRITE BELOW THIS LINE</b>											
Fee Exempt <input type="checkbox"/>			Fee:			Effective Date:			Site #:		
Sanitarian											

