



Permit # _____

Environmental Health Division
950 Washington Boulevard, Beaumont, Texas 77705
phone: (409) 832-7463, fax: (409) 212-9589

MOBILE FOOD UNIT APPLICATION

Name of Mobile Food Unit Establishment: _____

Address where Mobile Food Unit will be operating: _____

Contact Person: _____ Phone #: _____ Cell #: _____

Federal Tax ID / Exempt #: _____ INSPECTION TIME: _____

Central Preparation Facility/Commissary Affidavit Attached to Application? Yes or No

Central Preparation Facility/Commissary Passed Inspection? Yes or No

Restroom Affidavit Attached to Application? Yes or No

Property Owner Affidavit Attached to Application? Yes or No

FEE: CHECK APPROPRIATE FEE BELOW PLEASE HAVE CORRECT CHANGE

Mobile Food Unit - Food Sale Permit: \$192.50

SIGNATURE OF APPLICANT: _____

PRINT NAME: _____

Permit will not be issued until all compliance issues are met.

Date of last wastewater discharge _____ location of discharge _____

FOR OFFICE USE ONLY:	
DATE OF ISSUE: ____/____/____	DATE OF EXPIRATION: ____/____/____
APPROVED BY: _____	INPUT DATE: ____/____/____
CLERK'S INITIALS: _____	