

Mobile Food Establishment Route Itinerary

Environmental Health Department* 3040 College St Beaumont, TX 77701 * (409)832-7463 * (409)654-3664

| Mobile Food E | stablishment | | | | | | |
|-------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------------------------------------------------------------------|--------------------------------------------------------------|-----------------------------------------------------------------|------------------------------------|--|
| Date: | | | | | | | |
| Name of Business: | | | Ve | Vehicle License #: | | | |
| Owner: | | | Foo | Food Permit #: | | | |
| renewal perm mobile food u prior to begin | The City of Beaum nit, the operator of unit will be in oper uning operations at ns submitted to the | f a mobile food u ation. The opera t or relocating opera e department." | unit shall sul ator shall als perations to | omit to the depart o give written not any location not | tment a list of loc iice at least two k currently include | cations where the ousiness days | |
| Location | n/Address/Zip Code | | te box below before submitting your application Days of Operation | | | Hours | |
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| This unit's po flushed; and t | PPERATING PROCE table water tank v the unit will be cle all carry current wa | vill be drained, f aned, on the fol | lowing days | and at the follow | ing times: (Food | units in | |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | |
| | | | - | - | | | |
| Name owner/representative: | | Signature: | | | Date: | | |
| | | Date: | | | Approval: | Yes No | |
| Notes: | | | or Office Use | Only ** | | | |