



2021 MOBILE FOOD UNIT (MFU) VERIFICATION OF PERMISSION TO USE LOCATION

Return the completed form to: NRH NEIGHBORHOOD SERVICES CONSUMER HEALTH 4301 City Point Drive North Richland Hills, TX 76180 817-427-6650 nrhtx.com/health • ConsumerHealth@nrhtx.com

Business Address Allowing MFU _____

Business Name at Location: _____

Property Owner / Agent at Location: _____

City, State, Zip Code: _____

Responsible Individual In Charge At Location: _____

Telephone # at address: (____) _____ e-mail: _____

Business Hours of Operation: _____ m. to _____ m. S M T W Th F Sat

Site Plan of the property identifying the location where the MFU is to park is attached YES / NO

MOBILE FOOD UNIT INFORMATION
Type of Unit: [] Truck [] Van [] Trailer [] Pushcart [] Other _____
Mobile Food Unit Name: _____
MFU Operator Name: _____ DL No.: _____
Vehicle Description: Color: _____ Lic Plate No./State: _____

I certify that the above information is correct and complete to the best of my knowledge and ability. This verification is valid for one year from the date signed. I further understand and acknowledge that this MFU will be removed from the premises every day and may not remain on the property overnight. Further, the operators and employees of the MFU are authorized to use the restroom facilities of this business. Additionally, the hours of operation of the MFU may not exceed the hours of operation of the business listed herein. I understand that under no circumstances may the MFU operate earlier than 7 a.m. or later than 11 p.m.

Signature _____

Date _____

Printed Name _____

[] PROPERTY OWNER [] LANDLORD [] TENANT

State of Texas
County of _____

This instrument was acknowledged before me on _____ (date) by _____ (name or names of person or persons acknowledging).

Notary Public's Signature _____

REC'D BY STAFF: _____ DATE: _____ SITE PLAN SUBMITTED: YES / NO
TOTAL PARKING SPACES AT PROPERTY: _____ NUMBER OF REQUIRED PARKIGN SPACES FOR BUSINESS: _____

A PERMIT CANNOT BE ISSUED UNLESS ALL REQUIRED INFORMATION IS COMPLETED AND SUBMITTED.

You may contact our office at: 817-427-6650 or www.nrhtx.com/health