



2023 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: _____

Property Owner/Agent: _____ Person In Charge: _____

Property Owner/Agent Phone: (____) _____ e-mail: _____

Person in Charge Phone: (____) _____ e-mail: _____

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

Is on-site alcohol consumption allowed at this location? **YES / NO**

Site Plan Attached (identifying the location where the MFU is to park)* **YES / NO**

*must be 150 feet or closer to the restroom facilities, 50 feet from an intersection, not in visibility triangle, on a paved surface, and not in a fire lane or taking up any required parking

MOBILE FOOD UNIT INFORMATION	
Type of Unit:	<input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Trailer <input type="checkbox"/> Pushcart <input type="checkbox"/> 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/mfu