



2019 Mobile Food Unit Permit Application

1. **Name of Business:** _____

Physical Address: _____

Billing Address (if different): _____

2. **Owner/Contact Person:** _____ Phone: _____

3. **Commissary Name:** _____ Phone: _____

Address: _____

4. **State Sales Tax Certificate Number:** _____

5. **Permit Fee: \$138.00 annually.**

6. **Additional Requirements:**

- Commissary Approval Letter
- Copy of most recent Commissary Health Inspection report
- Copy of Mobile Itinerary form
- Copy of current Automobile Insurance
- Copy of Texas Driver's License
- Copy of Certified Food Manager's certification for full service, cook-on, mobile food units and copy of all other staff's accredited Food Handler cards
- Accredited Food Handler cards required for all prepackaged food mobile food units
- Schedule an appointment for a health inspection 817-427-6650

VIN	Make/Year	License Plate #	NRH Decal #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Applicant Signature _____ Date _____

PERMIT EXPIRES NOVEMBER 30th OF EACH YEAR

4301 City Point Drive * North Richland Hills, Texas * 76180
817-427-6650 * FAX 817-427-6656