



**2021 MOBILE FOOD UNIT PERMIT APPLICATION
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP**

Return the completed application and **non-refundable** \$250.00 fee to:
**NRH NEIGHBORHOOD SERVICES
CONSUMER HEALTH**
4301 City Point Drive
North Richland Hills, TX 76180
nrhtx.com/health • ConsumerHealth@nrhtx.com

**A Non-refundable fee of \$250.00 is due for each mobile food unit
An initial inspection by NRH must be performed after payment and prior to permit issuance.**

Legal Name of Business (include dba if applicable): _____

Physical Address to be Licensed: _____
Address City State Zip

Telephone # at address: (_____) _____

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 _____	Description of Vehicle:
Vehicle Identification/Serial No. _____	Make: _____
Unit No. and/or Truck No. _____	Model: _____
License Plate No./State _____	Year: _____
	Color: _____
	Size: _____

List Foods To Be Sold: _____

COMMISSARY INFORMATION (provide copies of the most recent commissary health inspection report)
Name of Operator: _____
Address: _____
City, State, Zip: _____
Phone: _____ email: _____
Health Permit#: _____ Issued by: _____
Hours of access to facility: _____
Services performed at commissary by this MFU: <input type="checkbox"/> Wash out MFU <input type="checkbox"/> Wash/Rinse/Sanitize all food contact surfaces <input type="checkbox"/> Preparation area <input type="checkbox"/> Utensil washing area <input type="checkbox"/> Store Food / Goods <input type="checkbox"/> Purchase supplies <input type="checkbox"/> Store/Park MFU <input type="checkbox"/> Waste Water Disposal <input type="checkbox"/> Fill Fresh Water <input type="checkbox"/> Service area has nonabsorbent floor

Location MFU will be parked/stored each night (outside NRH city limits) _____

A PERMIT CANNOT BE ISSUED UNLESS ALL REQUIRED INFORMATION IS COMPLETED

817-427-6650 or www.nrhtx.com/health

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PURPOSE OF THIS APPLICATION: Mark the appropriate box to indicate the purpose of this application and/or any change in status.

- New (Initial)** – Projected Start Date _____
Initial MFU permits will expire one year from date of permit issuances by the NRH Consumer Health Division.

- Change of Ownership (including legal entity)** Previous Owner: _____
Change of ownership requires submission of a new MFU application.

- Renewal**

- Notice that firm is out of business.** Signature: _____ Date: _____
Return to NRH Consumer Health for deletion from our records.

MAILING INFORMATION – (The permit and/or renewal notice will be sent to the following):
Registered/Authorized Agent Name: _____
Mailing Address: _____
City, State, Zip Code: _____
Name of Applicant (Contact Person): _____
Telephone Number of Applicant (Contact Person): _____
Fax Number of Applicant (Contact Person): _____
E-mail Address of Applicant: _____

LICENSE HOLDER INFORMATION:				
Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Also your 9 digit Federal Employee Identification Number (EIN).				
<table style="width: 100%; border: none;"><tr><td style="text-align: center; width: 50%;">Tax Payer #</td><td style="text-align: center; width: 50%;">EIN #</td></tr><tr><td style="text-align: center; padding: 10px 0 10px 20px;">□ - □ □ □ □ □ □ □ □ □ □ - □</td><td style="text-align: center; padding: 10px 0 10px 20px;">/ □ □ □ □ □ □ □ □ □ □</td></tr></table>	Tax Payer #	EIN #	□ - □ □ □ □ □ □ □ □ □ □ - □	/ □ □ □ □ □ □ □ □ □ □
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<input type="checkbox"/> Sole Owner / Proprietorship
Name of Sole Owner _____ Residence Address _____ Driver's License# _____

2021 MOBILE FOOD UNIT PERMIT APPLICATION

<input type="checkbox"/> Partnership <input type="checkbox"/> LP <input type="checkbox"/> LLP <input type="checkbox"/> LTD		<input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
Name of Partnership / Corporation: _____				
Partnership / Corporation Address: _____				
	Street Address	City	State	Zip
Partner / President: _____				
Name	Residence Address	City	State	Zip
Partner / Officer: _____				
Name	Residence Address	City	State	Zip
Partner / Registered Agent: _____				
Name	Residence Address	City	State	Zip

ADDITIONAL REQUIREMENTS* – Copies of the following documents must be submitted with the completed application

<input type="checkbox"/> Commissary Approval Letter <input type="checkbox"/> Mobile Itinerary Form <input type="checkbox"/> Certified Food Manager's Certification	<input type="checkbox"/> Vehicle Insurance <input type="checkbox"/> Texas Driver's License <input type="checkbox"/> Food Handler Card (for each staff member) <input type="checkbox"/> <i>*Additional information may be requested.</i>
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I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the business and am eligible to receive a license. If signing as a Sole Proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Texas Business and Commerce Code, Chapter 36. I further certify that I have read and understand the City of North Richland Hill's Code of Ordinances, Chapter 18; Chapter 437 of the Texas Health & Safety Code; the applicable provision of 25 Texas Administrative Code, Chapter 228 & 229, and agree to abide by each provision as applicable.

Signature

- OWNER** **PARTNER** **PRESIDENT**
 CORPORATE DESIGNEE / AGENT

Printed Name & Title

Date

State of Texas
County of _____

This instrument was acknowledged before me on _____ (date) by _____

REC'D BY STAFF: _____	DATE: _____	NRH PERMIT # _____
NRH CH INSPECTOR: _____	DATE: _____	APPROVED: YES / NO

(name or names of person or persons acknowledging). _____
Notary Public's Signature

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