



**2021 MOBILE FOOD UNIT (MFU)  
COMMISSARY APPROVAL**

**NRH NEIGHBORHOOD SERVICES  
CONSUMER HEALTH  
4301 City Point Drive  
North Richland Hills, TX 76180  
817-427-6650  
nrhtx.com/health • ConsumerHealth@nrhtx.com**

Commissary Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_  
Address City State Zip

Telephone: (\_\_\_\_) \_\_\_\_\_ e-mail: \_\_\_\_\_

**Service Area:** has non-absorbent floors  YES /  NO is covered:  YES /  NO

**MOBILE FOOD UNIT INFORMATION**

MFU Name: \_\_\_\_\_  
Address, City, State: \_\_\_\_\_  
Vehicle Make: \_\_\_\_\_ Vehicle Lic# \_\_\_\_\_ VIN: \_\_\_\_\_  
Vehicle Operator: \_\_\_\_\_  
Operator's Address: \_\_\_\_\_  
Operator's Phone#: \_\_\_\_\_ email: \_\_\_\_\_  
Operator's Driver's Lic#/State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Hours of access to this facility: \_\_\_\_\_

**THIS MFU MAY PERFORMED THE FOLLOWING SERVICES AT THIS COMMISSARY:**

<input type="checkbox"/> Wash, Rinse, Sanitize all food contact surfaces	<input type="checkbox"/> Have use of inside preparation facilities
<input type="checkbox"/> Wash out truck	<input type="checkbox"/> Limited access to facility
<input type="checkbox"/> Fill with fresh water	<input type="checkbox"/> Dispose of waste water
<input type="checkbox"/> Storage of goods / single service articles	<input type="checkbox"/> Storage of Mobile Food Unit

COMMENTS: \_\_\_\_\_

The MFU listed on this form has permission to use my facility to perform the items checked above. I swear or affirm that all information in this application is true and correct.

Signature \_\_\_\_\_ Printed Name & Title \_\_\_\_\_ Date \_\_\_\_\_

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: _____