

Department of Health Services

105 S. Preston St.  
Ennis, TX. 75119  
(972) 875-6444  
[healthdept@ennistx.gov](mailto:healthdept@ennistx.gov)



**MOBILE FOOD UNIT ROUTE ITINERARY**

Mobile Food Unit (print): \_\_\_\_\_

Owner's Name (print): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Route Itinerary-** Prior to the issuance of any initial or renewal permit, the operator of a mobile food unit shall submit to the department a list of locations where the mobile food unit will be in operation. The operator shall also give written notice at least two business days prior to beginning operations at or relocating operations to any location not currently included on the list of active locations submitted to the department.

**Please complete the box below before submitting your application for a permit.**

Location / Address	Days of Operation	Hours

\_\_\_\_\_  
Owner/Responsible Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date