

Department of Health Services

105 S. Preston St.
Ennis, TX. 75119
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MOBILE FOOD UNIT APPLICATION

Mobile Food Unit Information

Mobile Food Unit Name: _____

Mobile Food Unit Type (check one): Full Service (\$300) Limited Service (\$200)

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ VIN: _____ Vehicle Type (truck/trailer): _____

Applicant Information

Name: _____ Date of Birth: _____ Driver's License #: _____

Home Address: _____

Phone Number: _____ Email: _____

Business / Owner Information

Name of Business: _____

Owner / Contact Person: _____ TX Sales Tax ID: _____

Mailing Address: _____

Phone Number: _____ Email: _____

ADDITIONAL PERMIT REQUIREMENTS TO BE SUBMITTED WITH APPLICATION

CHECK EACH BOX TO INDICATE ITEM IS INCLUDED WITH APPLICATION

- Copy of Use of Property / Restroom Agreement form (if applicable)
- Copy of Commissary Service Verification Agreement
- Copy of TX Sales Tax ID
- Copy of Certified Food Safety Manager Certification
- Copies of all food handler cards for any staff who may operate the Mobile Food Unit
- Site plan depicting the location of the Mobile Food Unit on the property (if applicable)
- Route Itinerary of locations where sales will occur and hours of operation
- A menu of items to be vended

By signing and submitting this application, I attest that all the information contained in this application is true and correct to the best of my knowledge. I acknowledge that the permit applied for is subject to all provisions of the orders and ordinances of the City of Ennis and subject to the statutes and rules adopted under the statutes of the State of Texas governing food service establishments, retail food stores, mobile food units, and roadside food vendors. A permit may be revoked for non-compliance.

Applicant Signature: _____ Printed Name: _____ Date: _____