



Mobile Food Unit Checklist

Permits will expire in October of each calendar year. All items must be properly completed and submitted in order to obtain a license to operate as a Mobile Food Vendor in the City of Fate.

- _____ Completed Application
- _____ Commissary Approval form - ***form must be notarized by the commissary owner or operator.***
- _____ Copy of last commissary inspection.
- _____ Copy of current commissary permit – local, county or state.
- _____ Valid Driver’s License of person to be driving the vehicle.
- _____ Proof of Insurance on vehicle being permitted.
- _____ Copy of Food Protection Manger Certification for the Driver of the Vehicle and fee of \$15.00
- _____ List of food items if not pre-packaged (Page 3)

Please note that the City will contact the Health Inspector after the above information has been received. Approval to operate will not be granted until an inspection has been completed and passed. All food trucks must have a City of Fate Food Vendor decal located in rear of the vehicle clearly visible to City employees.



Mobile Food Application

Name of Business:	
Sales Tax ID:	
Business Address:	
Business Phone Number:	
Mailing Address (If Different):	
Website:	
Email:	Address, City, State, ZIP

Owner and Operator Information

Business Owner Name:	Gov. Issued ID Number:
Date of Birth:	Phone Number:
Owner Address:	Owner Email:
Certified Food Manager CFM:	CFM Date of Birth:
Name of Operator:	Operator DL #:
Address:	Phone Number:

Mobile Unit Information

Make:	Model:	Year:
Color:	License Plate:	State: Vin:
Type of Food Served:		

By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.

Signature:	Date:
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Office Use Only

Permit #	
Completed Checklist	Inspection Appointment



Commissary Approval Form

Name: _____

Address: _____

Mailing Address (If Different): _____

City/State/Zip: _____

Phone #: _____ Email: _____

Type of Permit: (check one) Local County State Federal

Name of Agency: _____

Date of Last Inspection: _____

Days/Hours of Operation: _____

Services provided to or performed by above unit:

- _____ **Use of facility at all times.**
- _____ **Limited access on Days.**
- _____ **Limited access from the hours of _____ to _____.**
- _____ **Access and use of preparation and/or utensil washing area.**
- _____ **Mobile unit stored at commissary.**
- _____ **Potable water for mobile units provided.**
- _____ **Storage of food products used/sold on mobile unit.**

Commissary Owner/Operator Name: _____

Commissary Owner/Operator Signature: _____

Subscribed and sworn before me this _____ day of _____, 20_____

My commission expires _____

Notary Public in and for the State of Texas _____

Notary Signature



Food Manager Application

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address (If Different): _____

City: _____ State: _____ Zip Code: _____

Phone #: _____

Email: _____

Certification Documentation

I am certified through an accredited Texas Department of State Health Services Food Service education or similar accredited training program as a Food Service Manager.

Enclosed are:

\$15 Registration Fee

Copy of Food Service certificate

Copy of State Issued Driver's License or Identification

Signature of Applicant

Date