



## Neighborhood Enhancement

### Environmental Health Division

630 E Hopkins Bldg 5 San Marcos, TX 78666

•SanMarcosTX.gov/Health•HealthInfo@sanmarcostx.gov• (512) 393-8440

# Central Preparation Facility (CPF) Owner Statement

I, \_\_\_\_\_, owner of \_\_\_\_\_  
Owner of CPF CPF Name

central preparation facility located at \_\_\_\_\_, do  
Address of CPF

certify that the mobile food unit, doing business as \_\_\_\_\_,  
MFU Name

has permission to utilize my central preparation facility for food and supplies storage,

cleaning, and servicing operations beginning \_\_\_\_\_ and ending  
Contract begin date

\_\_\_\_\_  
Contract end date

\_\_\_\_\_  
Signature of Central Preparation Facility Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number Central Preparation Facility

\_\_\_\_\_  
Email for Central Preparation Facility Owner

## **NOTE for CPFs located outside the City of San Marcos:**

**Applicant MUST attach a copy of the most current health inspection report for the Central Preparation Facility to this application.**