



Neighborhood Enhancement Environmental Health Division

630 E Hopkins Bldg 5 San Marcos, TX 78666

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

Mobile Food Unit Application

NOTE: This application must be filled out completely. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Application for a permit does not guarantee that a permit will be granted. Permit approval is based upon compliance with State and local ordinances. PERMITS ARE NON-TRANSFERABLE.

Mobile Food Unit Name: _____

E-mail: _____

Vehicle: Truck Trailer Other (specify) _____

Vehicle make: _____ Model: _____ Year: _____

Color: _____ License Plate: _____ State: _____ VIN: _____

Texas Sales Tax Number: _____

List menu items OR attach menu to application: _____

Owner: _____ DL#: _____ DOB: _____

Residence Address: _____

City _____ State _____ Zip Code _____ Telephone # _____

Check One: Individual Firm Partnership Corporation

Mobile Food Vending Locations:

Vending Location Address	Days at Location	Start Time	End Time

By signing below, the applicant acknowledges that all information provided in this application is true and correct to the best of the applicant's knowledge and belief.

Signature of Applicant

Date



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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.