

City of Kingsville-Health Department/Food Service Division

3421 North Farm to Market 1355 * P.O. Box 1458 * Kingsville, Texas 78364 *361-592-3324



MOBILE FOOD UNIT PERMIT APPLICATION

MOBILE FOOD UNIT NAME: _____ PHONE #: _____

OWNER/MANAGER: _____

ADDRESS: _____ OWNER'S PHONE #: _____

CITY: KINGSVILLE STATE: TEXAS ZIP: 78363

OWNER DRIVER'S LICENSE or IDENTIFICATION CARD #: _____

VEHICLE PULLING LICENSE PLATE #: _____ UNIT LICENSE PLATE #: _____

DESCRIPTION OF VEHICLE: Make: _____ Model: _____ Color: _____ Year: _____

LOCATION of OPERATION: _____ BUSINESS HOURS: from _____ to _____

BILLING INFORMATION:

NAME: _____ MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TYPE OF ESTABLISHMENTS:

PLEASE CHECK ONE:

- Mobile Food Unit @ _____ \$175.00
- Mobile Food Establishment @ _____ \$175.00
- Push Cart @ _____ \$175.00

SIGNATURE OF OWNER/MANAGER: _____ DATE: _____

ISSUED BY: _____ DATE: _____

(Health Inspector's Name)

IN MAKING THIS APPLICATION FOR A HEALTH FOOD PERMIT, WHICH IS NECESSARY TO OPERATE MY MOBILE FOOD UNIT, I UNDERSTAND AND AGREE TO COMPLY WITH ALL CITY OF KINGSVILLE HEALTH FOOD ORDINANCES §11-7-20 to §11-7-25, AND THE TEXAS FOOD ESTABLISHMENT RULES.

PLEASE REMIT PAYMENT IN FULL TO THE CITY OF KINGSVILLE PLANNING & DEVELOPMENT PERMIT DEPARTMENT; 400 W. KING ST, KINGSVILLE, TEXAS 78363

Remarks on Establishment:

