



**CITY OF PASADENA PUBLIC HEALTH DEPARTMENT**

P.O. BOX 672  
PASADENA, TEXAS 77501 (713) 475-5529

OFFICE USE ONLY

BUSINESS # \_\_\_\_\_  
LICENSE # \_\_\_\_\_  
RECEIPT # \_\_\_\_\_

PERMITTED  
YEAR - \_\_\_\_\_

**MOBILE FOOD SERVICE PERMIT APPLICATION**

PERMIT FEE: \$258.00 PER UNIT

**\*PERMIT FEE IS NON-TRANSFERABLE AND NON-REFUNDABLE\***

THIS APPLICATION MUST BE MADE IN THE NAME OF THE OWNER(S) OR REGISTERED AGENT (IF CORPORATION). THE PERMIT WILL BE ISSUED TO THE APPLICANT.

PLEASE CHECK:

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\*THE FOLLOWING MUST BE SUBMITTED IN WRITING WITH APPLICATION:

- (1) COMMISSARY LETTER
- (2) COPY OF CURRENT COMMISSARY FOOD ESTABLISHMENT PERMIT
- (3) PROOF OF VEHICLE INSURANCE
- (4) CERTIFIED FOOD MANAGERS CERTIFICATE

UNIT NAME: \_\_\_\_\_

OPERATOR'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DRIVER'S LICENSE: \_\_\_\_\_ EXP.: \_\_\_\_\_

VEHICLE LICENSE NUMBER: \_\_\_\_\_ VEHICLE MAKE & MODEL: \_\_\_\_\_

VEHICLE REGISTRATION CURRENT: \_\_\_\_\_ VEHICLE INSPECTION CURRENT: \_\_\_\_\_

OWNER OF MOBILE UNIT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_ SALES TAX NUMBER: \_\_\_\_\_

COMMISSARY NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY, STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

LIST THE DAY(S) AND TIME THE UNIT WILL BE TAKEN TO THE COMMISSARY EACH DAY FOR SERVICING:

\_\_\_\_\_

FOOD ITEMS TO BE SOLD: \_\_\_\_\_

WHERE FOOD ITEMS ARE PURCHASED AND PREPARED: \_\_\_\_\_

**\*UNITS WILL BE RESTRICTED TO PREPARING ONLY THOSE FOOD ITEMS INDICATED\***  
**\*MOBILE UNIT MUST BE TRANSPORTED DAILY TO COMMISSARY FOR SERVICING\***

