



CITY OF PASADENA HEALTH DEPARTMENT

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

OFFICE USE ONLY	
BUSINESS #	_____
LICENSE #	_____
RECEIPT #	_____

PERMITTED YEAR - _____

MOBILE FROZEN DESSERT PERMIT APPLICATION

PERMIT FEE \$100.00 PER UNIT LATE FEE \$25.00 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.

THE FOLLOWING MUST BE SUBMITTED WITH APPLICATION: (1) COMMISSARY LETTER AND COPY OF THEIR CURRENT FOOD ESTABLISHMENT PERMIT (2) PROOF OF VEHICLE INSURANCE
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UNIT NAME: _____ SALES TAX #: _____
OPERATOR'S NAME: _____
DRIVER'S LICENSE NUMBER OF OPERATOR: _____ EXP.: _____
ADDRESS: _____
CITY, STATE: _____ ZIP: _____ PHONE #: _____

MOBILE UNIT LICENSE NUMBER: _____ MAKE & MODEL: _____
VEHICLE REGISTRATION CURRENT: _____ VEHICLE INSPECTION CURRENT: _____

OWNER OF MOBILE UNIT: _____
ADDRESS: _____
CITY, STATE: _____ ZIP: _____ PHONE #: _____

TYPE OF PRODUCT: _____
SOURCE OF PRODUCT: _____
COMMISSARY NAME & LOCATION: _____

I certify that all information in this application is true. I understand that the permit issued is non-transferable, and that the permit remains the property of the City of Pasadena Health Department, and is subject revocation if the establishment fails to comply with applicable city ordinances or state laws.

DATE: _____ SIGNED: _____

Date received: _____	Approved: _____
Amount received: _____	Disapproved: _____
Permit number: _____	Date issued: _____

The City of Pasadena, Texas does not discriminate on the basis of race, color, national origin, sex, religion, age, or the handicapped status in employment or the provision of services.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED