ANNUAL MOBILE FOOD UNIT PERMIT APPLICATION

INSTRUCTIONS: 1. Complete all information include \$100 late fee for delinquent applications. 2. Obtain employee permits, provide a copy of all Certified Food Manager & Food Handler permits for each employee. 3. Submit updated commissary agreement each year. 4. Incomplete

application will <u>NOT</u> be processed or approved.		
ESTABLISHMENT □ Renewal □ New owner □ Name or location change	<u>OWNER</u>	
Name:	Name	
Address:	Address:	
City: State: Zip:	City:	State: Zip:
Tel:Fax:	Tel:	Fax:
General Manager:	APPLICANT'S NAME	
E-Mail:	Signature:	
☐ By checking this box, you request to receive legislative updates from Grayson County via email.	Print:	
Send permit and renewal notice to: □ Establishment □ Owner		
Type of Unit:		
☐ Truck ☐ Trailer ☐ Other	Vehicle Identification/Serial No.:	
□ Van □ Pushcart	License Plate No./State:	
List Foods to be Sold:		
Central Prep Facility or Commissary Name: Commissary Agreement Submitted: \square Yes \square No		
Address: Phone Number:		
FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERHSIP		
Mobile Food Unit \$250.00		
FEES ARE NON-REFUNDABLE		
Late Fee – A person who submits a renewal application after the expiration date must pay an additional \$100.00.		
RESPONSIBLE INDIVIDUAL IN CHARGE AT ESTABLISHMENT A permit cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.		
Name and Title	ID/Driver's License Number	
This permit is nontransferable. A new permit is required for new owners, change of name, or new location. Nonprofit facilities shall have a 26 USC section 501(c) exemption, and are exempt from the permitting process. A late fee of \$100 is assessed if postmarked after expiration date. Make check payable to GCHD. \$30 fee for returned checks. All fees are non-refundable. I further certify that I have read and understand Chapter 437 of the Texas Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 228 & 229, and agree to abide by them.		
HEALTH DEPARTMENT USE DNLY		PERMIT EXPIRES ON:

RECEIPT NO.: ______ DATE PAID: _____ FEE PAID: _____ LATE FEE: _____