



PLANNING & CODES

MOBILE FOOD UNIT PERMIT APPLICATION INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP

BUSINESS INFORMATION

| | | |
|-------------------------|--|--|
| Permit Type: | <input type="checkbox"/> Restricted (pre-packaged foods) | <input type="checkbox"/> Unrestricted (open foods) |
| Business Name: | _____ | |
| Mailing Address: | _____ | |
| | (Street) | (City) (State) (Zip) |

MOBILE FOOD UNIT INFORMATION

| | |
|---|--|
| Type of Unit: <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Trailer <input type="checkbox"/> Pushcart <input type="checkbox"/> Other _____ | Description of Vehicle: Make: _____ Model: _____ Year: _____ Color: _____ |
| Vehicle Identification/Serial No. _____ | |
| License Plate No./State _____ | |

CONTACT INFORMATION

| | |
|--|-----------------------------|
| Owner Name: _____ | Phone: _____ |
| Mailing Address: _____ | |
| Street | City State Zip Code |
| Phone Number: _____ | Email Address: _____ |
| Responsible Party: _____ | Phone: _____ |
| List an Additional Responsible Party (if applicable) | |

PURPOSE OF THIS APPLICATION: Mark the appropriate box to indicate the purpose of this application and/or any change in status.

New (Initial): _____

Initial MFU permits will expire one year from date of permit issuances by the City Seguin

Renewal

Notice that establishment is out of business. Signature: _____ Date: _____

Return to City of Seguin Planning Department for deletion from our records.

MAILING INFORMATION – (The permit and/or renewal notice will be sent to the following):

| |
|---|
| <p>Registered/Authorized Agent Name: _____</p> <p>Mailing Address: _____ Street City State Zip Code</p> <p>Name of Applicant (Contact Person): _____</p> <p>Phone # of Applicant (Contact Person): _____</p> <p>E-mail Address of Applicant: _____</p> |
|---|

COMMISSARY INFORMATION: (provide copies of the most recent commissary health inspection report)

ADDITIONAL REQUIREMENTS – Copies of the following documents must be submitted with the completed application

| |
|--|
| <p><input type="checkbox"/> Commissary Approval Letter</p> <p><input type="checkbox"/> Certified Food Manager's Certification</p> <p><input type="checkbox"/> Food Handler Card (for each staff member)</p> <p><input type="checkbox"/> Menu</p> |
|--|

IMPORTANT NOTICE!

- All foods offered to the public must be from an approved source and proof of purchase documents must be available.
- All manufactured foods must be properly labeled, per the Food and Drug Administration and purchase receipts are required.
- Your MFU business name must appear on both of side of your truck/trailer per City of Seguin Ordinance.

Renewal will be due on the last day of the month in which the original license was issued. Application must be completed, and fee paid before the Health Department can make the necessary inspections and issue license. Inspections are in accordance with the Texas Department of State Health Services Rules 25 TAC Chapter 228.

Signature of applicant: _____

Date: _____

OFFICE USE ONLY

License Number: _____

Amount Paid: _____

Expiration Date: _____

***CITY OF SEGUIN PLANNING & CODES • 108 E. Mountain Street • Seguin. TX 78155 •
(830) 401-2435 or (830) 401-2440 • permits@seguintexas.gov***