



CITY OF DECATUR, TEXAS

1601 S. State Street
Phone 940-393-0250
Inspections Line 940-393-0259 * Fax 940-626-4629

MOBILE FOOD VENDOR ANNUAL PERMIT APPLICATION	
Permit #:	_____
Permit Fee:	_____
Total Fee Collected:	_____
Permit fees are non-refundable	

**A COMPLETED APPLICATION MUST BE RECEIVED BEFORE AN INSPECTION CAN BE SCHEDULED.
A PERMIT MAY NOT BE ISSUED UNTIL AN INSPECTION IS COMPLETED.**

**A PERMIT DOES NOT GUARANTEE THE RIGHT TO SELL FOOD IN THE CITY OF DECATUR
FOOD SALES ARE DEPENDANT ON ZONING AND THE APPROVAL OF THE HEALTH OFFICER
PLEASE PRINT LEGIBLY OR TYPE APPLICATION INFORMATION**

MOBILE FOOD VENDOR INFORMATION

NAME OF MOBILE UNIT: _____

VEHICLE LICENSE # _____ Year _____ Make _____ VIN # _____

OWNER/CONTACT PERSON: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ CELL: _____ E-MAIL: _____

PERSON IN CHARGE ON SITE: _____ PHONE: _____

DATE OF DESIRED START OF SALES: _____

DESIRED SALES LOCATION: _____
Street

Health Inspection must be set up prior to start of event and proof of Fire Department Inspection of Mobile Unit is required.

APPLICANT INFORMATION

NAME OF BUSINESS (IF DIFFERENT THAN MOBILE UNIT NAME): _____

BUSINESS ADDRESS: _____
Street City State Zip

PHONE: _____ E-MAIL: _____

CFM IN CHARGE OF MOBILE UNIT: _____ PHONE: _____

ALL TCS FOODS MUST BE PREPARED ON SITE OR AT A PERMITTED FACILITY

I understand any permit granted from this application may be revoked for cause. Failure to comply with the City of Decatur rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Mobile Food Vendor Permit.

Print Name of Applicant Signature of Applicant Position Date

Required Information For Mobile Food Vendors

The following information shall be submitted before a Health inspection of your Mobile Food Unit will be scheduled.

- Fully completed Temporary Event application form.
- Commissary Letter or Required Information
- Photocopy of driver/operator's government issued photo I.D.
- Fire Department Mobile Food Permit or receipt of application.
- Photocopy of state required Liability Insurance on vehicle to be used.
- CFM/FH Registration Application and copy of certificate.
- Failure to provide any of the aforementioned documentation, or providing incomplete or inaccurate information will result in your application being rejected or delayed.

Provide a Commissary Letter or all information requested below:

- 1) Location and address where the Mobile Food Unit is cleaned

- 2) Location and address where liquid waste from the Mobile Food Unit is disposed.

- 3) If food is prepared off site and stored hot or cold before service - Name and address where any food preparation or storage is provided. A copy of the most recent health permit for this location shall be submitted.

Print Name of Applicant

Signature of Applicant

Date Information Provided.