

MOBILE UNIT QUESTIONER



MOBILE UNIT INFORMATION

Mobile Unit Name: _____

Operating Address: _____ City: _____ Zip: _____

Commissary Address: _____ City: _____ Zip: _____

Business Phone 1: _____ Business Phone 2: _____

Plate Number: _____ VIN: _____

Make: _____ Model: _____

Color or Identifying Markers: _____

MOBILE UNIT OWNER INFORMATION

Legal Owner Type: Corporation Individual Partnership Other: _____

Owner Name: _____

Owner Address: _____ City: _____ State: _____ Zip: _____

Owner Phone: _____ Owner Email: _____

Direct all correspondence to? Commissary Address Owner Address

OPERATING HOURS

Days of Operation: SUN MON TUE WEN THUR FRI SAT

Hours of Operation: Open: ___:___ AM PM Close: ___:___ AM PM

Months of Operation: Yearly - 12 months Seasonal – Mark operating months below

JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

AGREEMENT

I attest to the accuracy of the information provided, affirm to comply with Chapter 437 of the Health & Safety Code and the applicable provisions of 25 TAC - Chapter 228 of The Texas Food Establishment Rules and agree to abide by them and will allow the regulatory authority access to the mobile food unit during any reasonable time to inspect, conduct tests, or collect samples as required.

Applicant's Signature

Applicant's Name (Printed)

Date

MOBILE FOOD UNIT COMMISSARY AGREEMENT

A mobile food unit operating in Angelina County is required to have a commissary serving as a base of operations for the mobile food unit and must be able to provide the services necessary to support the mobile food unit operation. A completed commissary agreement is required at the time of application for a Health Permit. Information provided on this agreement will be verified.

MOBILE FOOD UNIT INFORMATION

Name: _____

Address: _____

City: _____

Zip: _____

Phone #: _____

Email: _____

Length of Contract with Commissary: 6 Months OR 1 Year

Please indicate ALL support services the commissary will provide for your mobile food unit:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mobile food unit storage | <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food storage |
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Grease/Cooking oil disposal | <input type="checkbox"/> Equipment/Utensils storage |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Garbage disposal C | <input type="checkbox"/> Chemical storage |
| <input type="checkbox"/> Ware washing facilities | <input type="checkbox"/> Mobile unit cleaning facilities | <input type="checkbox"/> Other: _____ |

COMMISSARY INFORMATION

Name: _____

Address: _____

City: _____

Zip: _____

Phone #: _____

Email: _____

Commissary Days of Operation: SUN MON TUE WEN THUR FRI SAT

If the commissary permit is issued by any agency other than Angelina County & Cities Health District, please provide copies of the commissary's permit to operate and last inspection report along with this commissary agreement. Failure to comply with Texas Food Establishment Rules may result in suspension of your operation.

Mobile Food Unit Owner Signature

Date

Commissary Owner/Manager Signature