



Office of the City Clerk
Application for Mobile Food Unit Permit

Mobile Food Unit Type (select one):		
<input type="checkbox"/> Unrestricted (\$275)	<input type="checkbox"/> Restricted (\$150)	<input type="checkbox"/> Limited (\$100)
Type of Food to be Offered:		
Mobile Food Unit Name:		
Location(s) or Placement of Unit for Operation (attach separate sheet if necessary):		
Mobile Food Unit Owner's Name and Mailing Address:		
Mobile Food Unit Operating Hours & Days:	TX Sales & Use Tax Permit Number (attach Certificate copy):	
Mobile Food Unit Owner Email Address:	Mobile Food Unit Owner Phone Number:	
Additional Responsible Party Name:	Add'l Responsible Party Phone Number:	
Property Owner Name & Mailing Address:	Property Owner Email Address:	
Business Type: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation/LLC	Mobile Food Unit Number of Employees:	
Mobile Food Unit Make/Model/Year:		
Mobile Food Unit Color:	Plate Number and State:	
Mobile Food Unit VIN Number:		
Business Mailing Address for Renewal Notice:		
<p><i>By signing and submitting this application, I attest that all the information contained in this application is true and correct to the best of my knowledge. I acknowledge that the permit applied for is subject to all provisions of the orders and ordinances of the City of Denison and subject to the statues and rules adopted under the statues of the State of Texas governing food service establishments, retail food stores, mobile food units, and roadside food vendors. A permit may be revoked for non-compliance.</i></p>		
Applicant Signature	Printed Name	Date

Staff Use Only. Initial Upon Approval	Police	Fire	Zoning	City Clerk
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AUTHORITY TO RELEASE INFORMATION:

I hereby authorize you to release any information in your files pertaining to my current or previous law enforcement and/or criminal justice records. I hereby release you, as the custodian of such records and any law enforcement agency or criminal justice agency, including its officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I am also furnishing my date of birth on a voluntary basis to facilitate the location of records in connection with this release. Should there be any question as to the validity of this release, you may contact me as indicated below.

RELEASE TO THE CITY CLERK OF THE CITY OF DENISON, TEXAS:

Applicant Name:	Applicant Date of Birth:
Street Address:	Phone Number:
Email Address:	
Applicant Signature:	

NOTARY PUBLIC TO COMPLETE:

SUBSCRIBED AND SWORN BEFORE ME ON _____ DAY OF _____, 20_____.	
Signature, Notary Public:	Seal Notary Public:



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Application for Mobile Food Unit Permit (cont.)

Written Permission from Property Owner

I am the owner of one or more of the properties described in the attached application for a Mobile Food Unit Permit issued by the City of Denison. I confirm that I have given my express permission to the Mobile Food Unit operator submitting the application to operate accordingly at the following property or properties that I own:

Property #1

Address(es)	
Property Owner Printed Name:	Property Owner Signature:
Mailing Address:	
Email Address:	Phone Number:

Property #2

Address(es):	
Property Owner Printed Name:	Property Owner Signature:
Mailing Address:	
Email Address:	Phone Number:

Property #3

Address(es):	
Property Owner Printed Name:	Property Owner Signature:
Mailing Address:	
Email Address:	Phone Number:

****Locations in the Central Area District Require a Conditional Use Permit. ****

****Attach additional sheet if necessary. ****



MOBILE FOOD UNIT APPLICATION CHECKLIST

This Mobile Food Unit Application Checklist shall be used to ensure that all applications are turned in with the required documentation. Applications turned in without the required documentation and this signed Mobile Food Unit Application Checklist will not be processed. Please allow 3 to 5 business days for processing.

Completed Mobile Food Unit Application (all blanks filled in – i.e., Applicant's name, date of birth, mobile unit business name, type of business, business address, telephone number, email address, etc.).

Zoning designation of property where Mobile Food Unit will operate (must be in compliance with City of Denison zoning requirements).

Fire Marshal Inspection Report indicating the Mobile Food Unit meets the operating requirements of Denison Fire Rescue.

Copy of current auto insurance showing covered vehicle information, policy number and issuing company name and contact information.

Copy of business liability insurance.

Copy of Driver's License for applicant or responsible party who will operate the Mobile Food Unit. (If applicant is not driver, another form of acceptable personal identification for the applicant is required such as passport or other government issued identification.)

Copy of Texas Sales and Use Tax Permit showing Denison as a reporting City.

Copy of current Grayson County Health Department Permit for the Mobile Food Unit.

Statement signed by the owner of the property acknowledging that said owner has reviewed the completed application form and has granted permission to the applicant for the use of the property for the purpose set forth and for the time duration stated.

Site plan showing where the Mobile Food Unit will be placed on the property.

Parking plan for patrons of the Mobile Food Unit.

Adequate separate toilet facilities on the Mobile Food Unit or nearby at permanent facility. If a nearby toilet is used, a separate written agreement granting permission for the Mobile Food Unit's employees to access the toilet facilities must be obtained from the property owner if Mobile Food Unit will be at the same location for more than two (2) hours.

I have read the City of Denison Code of Ordinances, specifically Chapter 15, Article III, regarding Mobile Food Units and the requirements set forth in the ordinance and understand I must comply with said requirements at all times while operating a Mobile Food Unit. In the event of any violation of the Code of Ordinances, the Mobile Food Unit Permit shall be subject to suspension or revocation. With regard to violations involving public health or welfare as determined by the regulatory authority, a mobile food unit shall cease operations immediately and the regulatory authority shall have the right to shut down operations.

Signature of Applicant

Printed name of Applicant

Date