



Office of the City Clerk  
**Special Event Mobile Food Unit  
 Permit Application**

Mobile Food Unit Type (Select One):		
Unrestricted	Restricted	Limited
Type of Foods/Goods to Be Offered:		
Mobile Food Unit Name:		
Special Event Name & Location:		
Operating Dates and Hours (must be concurrent with Special Event):		TX Sales & Use Tax Permit Number (attach copy of Certificate):
Mobile Food Unit Owner Name:		Mobile Food Unit Owner Phone Number:
Mobile Food Unit Owner Mailing Address:		Mobile Food Unit Owner Email Address:
Mobile Food Unit Owner Driver License Number & State:		Mobile Food Unit Owner Date of Birth:
Event Organizer Contact Name:		Event Organizer Contact Number/Email:
Business Type: Proprietorship      Partnership      Corporation/LLC		Number of Employees Working Event:
Mobile Food Unit Make/Model/Year:		<b>Application Must Include:</b> <ul style="list-style-type: none"> <li>Applicant Driver's License</li> <li>Copy of Texas Sales and Use Tax Permit</li> <li>\$25 Permit Application Fee</li> <li>Current <a href="#">Grayson County Health Department temporary mobile food establishment permit</a></li> <li>If selling from vehicle, proof of liability insurance</li> <li><b>Please allow 3-5 business days for processing</b></li> </ul>
Mobile Food Unit Color:	Plate Number and State:	
Mobile Food Unit VIN Number:		
<p><i>By signing and submitting this application I understand that any permit issued is good for only the hours/duration for the accompanying approved special event. 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 understand that my unit will be inspected by Denison Fire Rescue and the Grayson County Health Department.</i></p>		
Applicant Signature	Printed Name	Date

Staff Use Only. Initial Upon Approval	City Clerk	Other
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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: