



Development Services
 142 N. Ohio St.
 Celina, TX 75009
 (972) 200-3621
permits@celina-tx.gov

Fee: \$250

Mobile Food Unit Permit Application

<u>Type of Ownership</u>	<u>Type of Mobile Unit</u>
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership	<input type="checkbox"/> Mobile Kitchen <input type="checkbox"/> Ice Cream Truck <input type="checkbox"/> Catering Truck <input type="checkbox"/> Push Cart

Owner – Individual(s) or Corporation: _____

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

Contact Name: _____

Telephone: Main: _____ Email: _____

Name of Driver/Certified Food Manager: _____

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

Telephone: _____

Driver License Number: _____ State: _____ Expiration Date: _____

Name of Insurance Company: _____ Telephone: _____

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

Vehicle License Plate Number: _____ State: _____ VIN: _____

Name of Central Preparation Facility: _____

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

Telephone: _____

**All food items MUST be prepared & packaged at a permitted and inspected Central Preparation Facility
 Fire inspection MUST be completed prior to Health Inspection**

The following items MUST be included with the application and fees. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.

- ___ Complete list of ALL food items to be sold, including drinks and condiments.
- ___ Copy of Food Manager Certifications for Responsible Person/Driver. A Certified Food Manager is required for each Mobile Food Unit operating in the City of Celina.
- ___ Copy of CURRENT Health Permit for Central Preparation Facility.
- ___ Copy of most recent inspection for Central Food Preparation Facility.
- ___ Copy of current Proof of Insurance. VIN on Proof of Insurance MUST match VIN of vehicle.

I hereby certify that I have read and understand this Application and Guidelines document, and all information in this application, and any required addendums or attached documents, are true to the best of the applicant's knowledge and belief. I understand I may be inspected at any time while operating within the City of Celina, and acknowledge the permit applied for is subject to revocation if the MFU fails to comply with applicable City Ordinances and/or State Laws.

APPLICANT NAME(Print): _____

APPLICANT SIGNATURE: _____ **DATE:** _____