



City of Rockwall

Phone: 972-771-7708 Fax: 972-771-7748

Mobile Food Unit/ Food Truck/ Commissary Application Form
Please Print

Permit # _____ - _____

Food Truck/ Mobile Food Unit : _____ \$300.00

Cold Mobile Vendor: _____ \$ 200.00

Owner and Operator Information:

Business Owner: _____

Address: _____

Phone: _____ Name of Certified FPM: _____

Name of Operator: _____ DOB: _____ DL# _____

Address: _____ Telephone: _____

City, State Zip _____

Vehicle and Location Information:

Type of vehicle: (truck/trailer) _____ Vin# _____

License Plate # _____ Make/ Model) _____

Address or route the vehicle will be operating:

I have carefully read the completed application and hereby agree that if a permit is issued, all provisions of the City of Rockwall Ordinances and State Laws shall be complied with, weather herein specified or not. I am the owner or operator of the above listed vehicle and hereby grant permission to enter the premises and make all inspections.

Date: _____ Signature of Applicant: _____

For City Use Only

P&Z

NIS

Approved by: _____

Approved by: _____

Date: _____

Date: _____

Commissary Information: (To be filled out by Commissary)

1) Name and Phone Number: _____

Address: _____

Type of Permit: (Circle one) Local County State Federal

Name of agency: _____

Date of last inspection: _____

Hours/Days of operation: _____

Services provided to or performed by above unit: (Check all that apply)

_____ Use of facility at all times)

_____ Limited access from hours of: to Days:

_____ Access and use of preparation and/or utensil washing area

_____ Mobile unit stored at commissary

_____ Potable water for mobile units provided

_____ Storage of food products used/sold on \mobile unit

Commissary Owner/Operator Name: _____

Commissary Owner/Operator Signature: _____

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____

My commission expires _____ Notary Public in and for the State of Texas.

(Notary Signature)