



Town of Flower Mound Environmental Services

Mailing Address: 2121 Cross Timbers Road, Flower Mound, TX 75028

Physical Address: 1001 Cross Timbers Road, Suite 2330, Flower Mound, TX 75028

Telephone: 972-874-6340 Fax: 972-874-6473 Website: www.flower-mound.com

MOBILE FOOD VENDOR DOCUMENTATION REQUIREMENTS

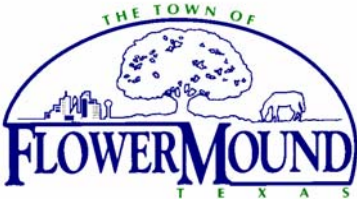
BEFORE A MOBILE FOOD UNIT MAY BE PERMITTED AND ALLOWED TO OPERATE, the following items MUST be obtained and provided to the Town of Flower Mound Environmental Services Division.

- Fully completed and legible Town of Flower Mound Mobile Food Vendor Application form.
- Fully completed and legible Town of Flower Mound Commissary Approval Agreement form, signed and NOTARIZED by the Commissary owner(s).
- Photocopy(s) of the Commissary's STATE and LOCAL HEALTH DEPARTMENT PERMITS.
- Photocopy of the Commissary's last STATE and/or LOCAL HEALTH DEPARTMENT INSPECTION FORMS.
- Photocopy of driver/operator's DRIVER'S LICENSE.
- Photocopy of STATE REQUIRED LIABILITY INSURANCE on vehicle to be used.
- Photocopy of Certified Food Protection Manager's card (if required.)

Failure to provide **ANY** of the above documentation, or providing incomplete, inaccurate, or illegible information, will result in your not receiving a Mobile Food Vendor's Permit.

Vending vehicle must be brought to the Environmental Services Division offices at 1001 Cross Timbers Road to be inspected before it can be operated. **FAILURE TO HAVE VEHICLE INSPECTED PRIOR TO OPERATION WILL RESULT IN THE ISSUANCE OF CITATIONS!**

For more information please contact the Environmental Services Division at 972-874-6340 or visit our website at www.flower-mound.com.



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MOBILE FOOD VENDOR PERMIT APPLICATION

A FULLY COMPLETED APPLICATION MUST ACCOMPANY PAYMENT FOR PERMIT TO BE ISSUED

PLEASE PRINT OR TYPE APPLICATION INFORMATION

ANNUAL FEE -- \$250.00 (JANUARY 1 to DECEMBER 31)

NAME ON VEHICLE: _____

LICENSE # : _____ VIN # : _____

OWNER'S NAME: _____

OWNER'S ADDRESS: _____
Street City State Zip

PHONE: _____ FAX: _____ E-MAIL: _____

MANAGER OR RESPONSIBLE INDIVIDUAL: _____

PHONE NUMBER: _____ FAX: _____ E-MAIL: _____

CONTACT PERSON IN VEHICLE: _____ PHONE: _____

TEXAS STATE SALES TAX NUMBER: _____

Permit application cannot be processed or renewed unless application is completed in full. Permit fees are non-refundable.

I understand any permit granted from this application may be revoked for cause. Failure to comply with the Town of Flower Mound rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Food Establishment Permit and **CLOSURE** of the establishment.

Print Name of Applicant Signature of Applicant Position Date

Below this line is for Environmental Services office use only

PERMIT NO. _____

APPROVED BY DATE OF APPROVED

