



**Town of Flower Mound Environmental Services**

2121 Cross Timbers Road, Flower Mound, TX 75028  
Telephone: 972-874-6340 Website: [www.flower-mound.com](http://www.flower-mound.com)

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## **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](http://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 – \$300.00 (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 APPROVAL



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## COMMISSARY APPROVAL AGREEMENT

DATE: \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

The Mobile Food Unit named below has my permission to use this facility:

Name on Vehicle: \_\_\_\_\_

License Number: \_\_\_\_\_ VIN #: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

The following services may be performed at this commissary by the above unit (check all that apply):

- Have access to facility at all times
- Have limited access to facility (if checked, access times: \_\_\_\_\_)
- Have access to inside preparation facilities
- Mobile food unit stored at commissary
- Mobile food unit washed out at commissary
- Potable water provided for filling water tanks on mobile unit
- Disposal of waste water via sanitary sewer allowed
- Storage of food products used on mobile unit
- Food products provided to mobile food unit

Comments: \_\_\_\_\_

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Witness my hand on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Commissary Owner's Signature

State of Texas, County of \_\_\_\_\_

This instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

by \_\_\_\_\_  
Print Commissary Owner's Name

\_\_\_\_\_  
Notary Public's Signature

My commission expires: \_\_\_\_/\_\_\_\_/\_\_\_\_