

## **Environmental Health Department**

P.O. Box 384, Dripping Springs, Texas 78620 Phone: (512) 858-4725 Web: www.cityofdrippingsprings.com Health Inspector email: kdehart@cityofdrippingsprings.com

## Mobile Food Establishment Permit Application PERMITS ARE NON-TRANSFERABLE. HOMEMADE PRODUCTS MUST FOLLOW STATE COTTAGE FOOD REGULATIONS.

Fees: \$250 per Unit

<b>NOTE:</b> This application must be filled permit will be granted. Permit approv	out completely. Incomplete application al is based upon the vendor's compliance	s will <u>not</u> be acc	ccepted. Applications for a permit to operate do not guarantee that nd local health requirements.
Business Name:			
Vehicle: ( ) Truck ( )Van ( )	Step Van ( )Trailer ( ) Car ( )	) Other (Speci	cify)
Vehicle Make:Mo	odelColor	Lic	icense #
State:VIN#			
Type of Food Sold:		List items of	f menu on Separate Sheet
Owner's Name:	Date of Birth:	Email	il Address:
Diver's License/ID #:	Copy Made (	) State:	Expiration:
Residence Address:			_ City:
(If different from above)			
	() Partnership () Corporation cility:		Phone #:
Address:		_ City:	State:
Days and Times working at Centr	al Prep Facility:		
☐ For self-contained Mob facility ☐ A menu of food ☐ A floor plan of the Mob ☐ A Copy of the most rec	tility Responsibility Letter (Yearly Reneble Food Establishment – Submit letter products that are to be sold from this f	of permission fi facility tion Facility	from approved potable water and wastewater
Date Inspected:Equipment Temps:	For Office	e Use Only	
Food Manager Certified:Food Handler Certified:	Date Ex	κp	

Reinspection Required ( ) Yes ( ) No

Permit ( ) Approved ( )Denied

Comments