

Application Date: _____



P.O. Box 369 (Mail)
303 E. Pecan Dr. (Physical)
Johnson City, TX 78636
830.868.7111 (Phone)
830.868.7718 (Fax)

MOBILE FOOD VENDOR PERMIT APPLICATION

Chapter 4

EVENT: _____ DATE: _____

NAME OF FOOD VENDOR: _____

ORGANIZATION/CONTACT PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ CELL PHONE #: _____ FAX #: _____

E-MAIL: _____

LIST TYPES OF FOOD TO BE SOLD:

I certify, as the person responsible for this food establishment, that I am responsible for the safe handling and preparation of foods sold to the public and will adhere to the Texas Department of State Health Services rules and regulations.

PRINT NAME / ORGANIZATION: _____

LOCATION WHERE FOOD PREPARED: _____

(Foods prepared in a private home are not permitted.)

Signature: _____

NOTES: For the City's Fee Schedule and Code Regulations, please refer to www.johnsoncitytx.org.

FEE PAID: \$ _____

Office Use Only: