

**CITY OF DEER PARK  
MOBILE FOOD SERVICE UNIT APPLICATION  
Ordinance # 4070**

Each person, business, firm or corporation, wishing to operate a Mobile Food Service Unit in the City of Deer Park is required to obtain a permit. Return this application to the City Secretary's Office, City Hall, City of Deer Park, 710 East San Augustine Street, Deer Park, Texas 77536.

Name of Business/Individual/Organization: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address: (if different):  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Applicant's Full Name: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

**Event Day(s) Contact/Responsible Party(ies). Additional names on next page of application.**

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Date & Time of Event: \_\_\_\_\_

***\*\*NOTE: Your signature on this application documents that you have read the legal notice and are aware of the ramifications of a violation of the City of Deer Park Ordinance No 4070, and you further understand you are responsible for providing all responsible parties with a copy of the permit and ensuring compliance with the ordinance\*\****

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Additional Event Day Contact/Responsible Party(ies):

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Full Name \_\_\_\_\_ Signature \_\_\_\_\_

DOB \_\_\_\_\_ Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

Residence Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING DOCUMENTS WITH YOUR APPLICATION**

1. Copy of valid insurance policy
2. Copy of valid vehicle registration sticker
3. Copy of sales tax permit
4. Copy of menu
5. Copy of Harris County Public Health permit
6. Written permission from property owner

**MOBILE FOOD SERVICE UNIT CHECKLIST**

		YES	NO
1.	Copy of valid insurance policy		
2.	Valid vehicle registration sticker		
3.	Copy of sales tax permit		
4.	Copy of menu		
5.	Copy of Harris County Public Health Department permit		
6.	Written permission from property owner or city to operate on city property/park		
7.	Access to flushable toilet in an enclosed facility		
8.	Fire extinguisher/first aid kit		

Public Data: \_\_\_\_\_ Texas Dept. Public Safety \_\_\_\_\_

Criminal Background: \_\_\_\_\_

Sex Offender Background: \_\_\_\_\_

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Date Denied: \_\_\_\_\_

Date Approved: \_\_\_\_\_ Effective Date(s): \_\_\_\_\_

Signature of Approver: \_\_\_\_\_ Title: \_\_\_\_\_