

CITY OF DEER PARK
MOBILE FOOD SERVICE UNIT APPLICATION
Per Ordinance No. 4070 Adopted 4/16/2019
Amended Per Ordinance No. 4136 Adopted 1/21/2020

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*****

_____ Date _____

Signature of Applicant

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 liability insurance policy
2. Copy of valid vehicle registration sticker
3. Copy of sales tax permit
4. Copy of Harris County Public Health permit (one year or temporary)
5. Written permission from property owner
6. Property Agreement Letter
7. Restroom Availability Letter

MOBILE FOOD SERVICE UNIT CHECKLIST (to be completed by City Secretary's office)

		YES	NO
1.	Copy of valid liability insurance policy		
2.	Valid vehicle registration sticker		
3.	Copy of sales tax permit		
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.	Property Agreement Letter		
9.	Restroom Availability Letter		
10.	Fire extinguisher/first aid kit		
11.	Fire Marshal inspection: _____		

Date Denied: _____

Date Approved: _____ Effective Date(s): _____

Signature of Approver: _____ Title: _____