



**Environmental Health Department**  
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**Mobile Food Establishment Permit Application**

**PERMITS ARE NON-TRANSFERABLE.**

**HOMEMADE PRODUCTS MUST FOLLOW STATE COTTAGE FOOD REGULATIONS.**

**Fees: 1<sup>st</sup> Unit: \$175 Each Additional Unit \$150**

**NOTE:** This application must be filled out completely. Incomplete applications will **not** be accepted. Applications for a permit to operate do not guarantee that a permit will be granted. Permit approval is based upon the vendor's compliance with state and local health requirements.

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle: ( ) Truck ( ) Van ( ) Step Van ( ) Trailer ( ) Car ( ) Other (Specify) \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

State: \_\_\_\_\_ VIN# \_\_\_\_\_

Type of Food Sold: \_\_\_\_\_ List items of menu on Separate Sheet \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License/ID #: \_\_\_\_\_ Copy Made ( ) State: \_\_\_\_\_ Expiration: \_\_\_\_\_

**Residence Address:** \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

(If different from above)

Check one: ( ) Individual Firm ( ) Partnership ( ) Corporation

Name of Central Preparation Facility: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Days and Times working at Central Prep Facility: \_\_\_\_\_

**Required** (Please attach copies of the following):

- Central Preparation Facility Responsibility Letter (Yearly Renewal)
- For self-contained Mobile Food Establishment – Submit letter of permission from approved potable water and wastewater facility
- A menu of food products that are to be sold from this facility
- A floor plan of the Mobile Food Establishment
- A Copy of the most recent inspection form of Central Preparation Facility
- Copy of Food Handlers Certification is **required** for Issuance of the Permit.

**For Office Use Only**

Date Inspected: \_\_\_\_\_

Equipment Temps: \_\_\_\_\_  
 \_\_\_\_\_

Food Manager Certified: \_\_\_\_\_ Date Exp \_\_\_\_\_

Food Handler Certified: \_\_\_\_\_ Date Exp \_\_\_\_\_

Permit ( ) Approved ( ) Denied

Comments \_\_\_\_\_

\_\_\_\_\_

Reinspection Required ( ) Yes ( ) No