



Mobile Unit Commissary Authorization

Environmental Health Division

Wichita Falls-Wichita County Public Health District

1700 Third St. | Wichita Falls, TX 76301 | 940-761-7800 | www.health.wichitafallstx.gov

Facility # _____
Date Received _____
Date Scanned _____
For Office Use Only

No annually permitted establishment shall allow temporary event food vending at their site unless a temporary event application has been approved by the regulatory authority.

Name of Mobile Unit Establishment: _____ Mobile Unit Phone: (____) _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

INDIVIDUAL MOBILE UNIT/S INFORMATION

Number of Mobile Units:

Name/Identification of Mobile Unit:	Vehicle Plates:
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Name of Commissary Establishment: _____ Commissary Phone: (____) _____

Owner's Name: _____ Owner's Phone: (____) _____

Owner's Address: _____ City/State/Zip: _____

The above named mobile food establishment has my permission to use my establishment as a commissary for storing and replenishing food and operating supplies, for washing and cleaning the mobile food establishment, for disposing of all solid and liquid wastes accumulated in the operation of the mobile food establishment, and for cleaning inside and outside the mobile food establishment.

I confirm and verify that my commissary meets all Texas Food Establishment Rule requirements including:

1. A hard surfaced area for supplying, cleaning and servicing the mobile establishment.
2. Potable water servicing location with equipment that is installed, stored and handled to protect the water and equipment from contamination, and
3. A location for flushing and draining liquid wastes through a closed system of hoses that is separate from the location provided for water servicing and for loading and unloading food and related supplies.

Commissary Print Name

Commissary Signature

Date

Mobile Unit Print Name

Mobile Unit Signature

Date