



# 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](http://www.health.wichitafallstx.gov)

Site No. \_\_\_\_\_  
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:
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.

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Commissary Print Name

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Commissary Signature

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Date

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Mobile Unit Print Name

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Mobile Unit Signature

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Date