

Mobile Unit Commissary Authorization Environmental Health Division Wichita Falls Wichita County Bublic Hor

Site No
Date Received
Date Scanned
For Office Use Only

Wichita Falls-Wichita County Public Health District

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

No annually permitted establishment shall allow t	temporary event food vending at their site unless a temporary event application has been approved by the regulatory authority.
Name of Mobile Unit Establishment:	
	Owner's Phone: ()
	City/State/Zip:
INDIV	IDUAL MOBILE UNIT/S INFORMATION
Number of Mobile Units:	
Name/Identification of Mobile Unit:	Vehicle Plates:
Name/Identification of Mobile Unit:	Vehicle Plates:
Name/Identification of Mobile Unit:	Vehicle Plates:
Name/Identification of Mobile Unit:	Vehicle Plates:
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Name/Identification of Mobile Unit:	Vehicle Plates:
Name/Identification of Mobile Unit:	Vehicle Plates:
Name of Commissary Establishment:	Commissary Phone: ()
Owner's Name:	Owner's Phone: ()
	City/State/Zip:
cood and operating supplies, for washing and clear accumulated in the operation of the mobile food a confirm and verify that my commissary meets a 1. A hard surfaced area for supplying, clea 2. Potable water servicing location with equential contamination, and 3. A location for flushing and draining liquid.	my permission to use my establishment as a commissary for storing and replenishing aning the mobile food establishment, for disposing of all solid and liquid wastes establishment, and for cleaning inside and outside the mobile food establishment. all Texas Food Establishment Rule requirements including: uning and servicing the mobile establishment. unipment that is installed, stored and handled to protect the water and equipment from and wastes through a closed system of hoses that is separate from the location ding and unloading food and related supplies.
Commissary Print Name	Commissary Signature Date
Mobile Unit Print Name	Mobile Unit Signature Date