



City of Beaumont Public Health Department
Environmental Health Division
950 Washington Boulevard, Beaumont, Texas 77705
phone: (409) 832-7463, fax: (409) 212-9589

MOBILE FOOD UNIT ESTABLISHMENT PERMIT APPLICATION

Name of Mobile Food Unit Establishment: _____

Permanent Address of Establishment: _____

Owner-s Name : _____

Owner-s Physical Address: _____

Owner-s Mailing Address: _____

Business Phone: _____ Owner-s Home Phone Number: _____

Name and Address of Central Preparation Facility: _____

Central Preparation Facility Affidavit Attached to Application? Yes or No

Vehicle Registration Attached to Application? Yes or No

Type of Permit Requested: Mobile Food Unit - Yearly Food Permit

Appropriate Fee Below: Stools or Chairs - 0 allowed Cost - \$ 192.50

Federal Tax ID / Exempt # : _____

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY:	
DATE ISSUED: ____/____/____	PERMIT NUMBER: _____
EXPIRATION DATE: ____/____/____	CHECK NUMBER: _____
ISSUED BY: _____	