



Permit # \_\_\_\_\_

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

**FOOD SALE PERMIT APPLICATION**

Name of Mobile Food Unit Establishment: \_\_\_\_\_

Proposed Dates of Operation (not to exceed 72 hours): \_\_\_\_\_ thru \_\_\_\_\_

Dates of most recent Food Sale Permit: \_\_\_\_\_ thru \_\_\_\_\_

Address where Mobile Food Unit will be operating: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Federal Tax ID / Exempt #: \_\_\_\_\_ INSPECTION TIME: \_\_\_\_\_

Restroom Affidavit Attached to Application? Yes or No

Property Owner Affidavit Attached to Application? Yes or No

**FEE: CHECK APPROPRIATE FEE BELOW PLEASE HAVE CORRECT CHANGE**

**Mobile Food Unit - Food Sale Permit: 9 \$33.00**

**DISCOUNT for youth or elderly (IF APPLICABLE): 9 \$16.50**

SIGNATURE OF APPLICANT: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**Wastewater log required to be on unit at all times. Is wastewater log on unit? Yes or No**

*If no, then permit cannot be issued until all compliance issues are met.*

Date of last wastewater discharge \_\_\_\_\_ location of discharge \_\_\_\_\_

|                                      |   |
|--------------------------------------|---|
| FOR OFFICE USE ONLY:                 |   |
| DATE OF ISSUE: _____ / _____ / _____ | DATE OF EXPIRATION: _____ / _____ / _____ |
| APPROVED BY: _____                   | INPUT DATE: _____ / _____ / _____         |
| CLERK'S INITIALS: _____              |   |