



Rose Mary Rahn  
Director

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Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



## Mobile Food Vending Application

|   |  |   |
|---|--|---|
| Business Name/ <b>Nombre de Negocio</b>   |  | Business Location/ <b>*Domicilio de Negocio</b>       |
| <input type="text"/>  |  | <input type="text"/>                                  |
| Business Phone<br><b>Telefono de Negocio</b>                                      | Contact Phone<br><b>Numero de Contacto</b> | Billing/ Mailing Address<br><b>Direccion de Envio</b> |
| <input type="text"/>  | <input type="text"/>                       | <input type="text"/>                                  |
| Owner's Name / <b>Nombre de Propietario</b>                                       |  | Home Address/ <b>Domicilio de Casa</b>                |
| <input type="text"/>  |  | <input type="text"/>                                  |
| Permit Applicant/Contact Person's name<br><b>Solicitante/ Persona de Contacto</b> |  | E-mail Address/ <b>Correo Electronico</b>             |
| <input type="text"/>  |  | <input type="text"/>                                  |
| Applicant's Signature / <b>Firma de Solicitante</b>                               |  | Date/ <b>Fecha</b>                                    |
| <input type="text"/>  |  | <input type="text"/>                                  |

**Please call to make an appointment for your vehicle after the Fire Dept. has given you your appointment. Payment will not be taken and inspection will not be done without all the completed documents.**

**Por favor llame para hacer una cita para su vehículo después de que el departamento de bomberos le haya dado su cita. No se aceptará el pago y no se realizará la inspección sin todos los documentos completos.**

| Category/Categoría   | Permit Fee |
|--|------------|
| <input type="checkbox"/> Mobile Food Vending Operation 0-1 Sink/ Operación de venta de comida movil 0-1fregadero   | \$199.00   |
| <input type="checkbox"/> Mobile Food Vending Operation 2+ Sinks/ Operación de venta de comida móvil 2 + fregaderos | \$371.00   |

### OFFICE USE ONLY/ USO DE OFICINA SOLAMENTE

FACILITY #: \_\_\_\_\_ CIRCLE ONE OF THE FOLLOWING: RENEWAL NEW CHANGE-OF-OWNERSHIP  
 \_\_\_\_\_ Commissary Verified \_\_\_\_\_ Food Manager/Handler Verification  
 \_\_\_\_\_ Mobile Unit Registration (if applicable) \_\_\_\_\_ MASC Form/Fire Permit (if applicable)

LICENSE PLATE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

FOOD MANAGER/ HANDLER NAME: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

REC'D BY #: \_\_\_\_\_ DATE REC'D: \_\_\_\_/\_\_\_\_/\_\_\_\_ PERMIT EXP DATE: \_\_\_\_\_

AMT REC'D: \_\_\_\_\_ PAYMENT TYPE :(1) CASH \_\_\_\_\_ (2) CHECK \_\_\_\_\_ (3) CASH & CHECK \_\_\_\_\_ (4) CREDIT CARD \_\_\_\_\_

DATE OF CHECK: \_\_\_\_/\_\_\_\_/\_\_\_\_ CHECK#: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_ /\_\_\_\_\_/\_\_\_\_\_  
 (ENVIRONMENTAL HEALTH OFFICER SIGNATURE) (DATE APPROVED)

**DATE UPDATED: \_\_\_\_/\_\_\_\_/\_\_\_\_ INITIALS: \_\_\_\_\_**

H:\AWEHS\FORMS\APPLICATIONS\Food\Mobile Food Vending Application 7/26/2023