



Rose Mary Rahn
Director

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

Please bring all completed forms and the vehicle in for inspection by 3:30PM.

Payment will not be taken and inspection will not be done without all the completed documents.

Favor de traer todos los documentos completos y el vehículo a inspección antes de las 3:30PM.

El pago no se tomará y la inspección no se hará sin todos los documentos completos.

| Category | Permit Fee |
|--|------------|
| <input type="checkbox"/> Mobile Food Vending Operation 0-1 Sink..... | \$184.16 |
| <input type="checkbox"/> Mobile Food Vending Operation 2+ Sinks..... | \$343.08 |

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: _____

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