



Environmental Services Department

P.O. BOX 220
McALLEN, TEXAS 78501

APPLICATION FOR MOBILE VENDING PERMIT

ISSUE DATE: _____ PHONE Number: _____

BUSINESS NAME: _____

OWNER'S NAME: _____

ADDRESS: _____

RESTRICTIONS: _____

IN MAKING AN APPLICATION FOR A MOBILE VENDING FOOD PERMIT, WHICH IS REQUIRED TO OPERATE MY BUSINESS, I UNDERSTAND AND AGREE TO COMPLY WITH ALL CITY OF MCALLEN LAWS, AND ANY OTHER STATE LAWS THAT MAY GOVERN MY PARTICULAR BUSINESS. I UNDERSTAND THAT ANY VIOLATION OF THE ABOVE SAID RESTRICTIONS COULD MEAN IMMEDIATE REVOCATION OF THE PERMIT TO OPERATE.

APPLICANT'S SIGNATURE

.....

DATE PERMIT ISSUED

INSPECTOR

PERMIT FEE

PERMIT NO.

VEHICLE DESCRIPTION

VEH. MAKE/MODEL

COLOR VEHICLE

VEH. LIC. NO.

VEHICLE COMPLIANCE

Date: _____

BUSINESS NAME _____

OWNER'S NAME _____

PONE NUMBER _____

ADDRESS _____

VEHICLE DESCRIPTION _____

COLOR VEHICLE _____

VEH. LIC. NO. _____

FRONT FLASHING: _____
(WHITE/AMBER LIGHTS)

REAR FLASHING: _____
(RED/AMBER LIGHTS)

I HAVE READ/UNDERSTAND AND WILL COMPLY WITH ALL HEALTH ORDINANCES AND OTHER CITY AND STATE LAWS THAT MAY GOVERN MY PARTICULAR BUSINESS. ANY VIOLATION OF THE ABOVE SET RESTRICTIONS COULD MEAN IMMEDIATE REVOCATION OF THE PERMIT TO OPERATE.

APPLICANT'S SIGNATURE

DATE

Office Staff:

VEHICLE COMPLIANCE APPROVED: _____

DISAPPROVED: _____

NAME OF INSPECTING OFFICER: _____

DATE: _____



NOTICE

DATE: _____

Business Name: _____

LICENSE PLATE #: _____

An Increasing number of complaints regarding mobile food vending vehicles has been brought to our attention.

In an effort to alleviate these, and to aid you in abiding by the laws and regulations pertaining to your type of operation, the following actinos will be strictly followed by this department.

1. Any unit that is identified to be selling in the City of McAllen without a valid/current Food Establishment Permit will be cited.
2. Any unit without the proper equipment and facilities that is identified to be selling food(s), other than those that are allowed in their permit; such as corn, nachos, raspas, etc.... will be cited.
3. All units must be brought in for inspections-every 6 months from date of issuance. Owner and/or operator will be held responsible to schedule the appointment with this department.

If you have any questions regarding this matter, please contact the City of McAllen Environmental Services Department at (956) 681-1220.

APPLICANT'S SIGNATURE

INSPECTOR'S SIGNATURE



MOBILE FOOD VENDOR PERMIT APPLICATION

P.O BOX 220, McAllen, Texas 78505-0220

DATE: _____

BUSINESS NAME: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____ VEHICLE LICENSE PLATE NUMBER _____

VEHICLE VIN _____ VEHICLE MAKE/MODEL _____

****Please submit a current copy of insurance for the vehicle with application****

COMMISSARY INFORMATION:

VEHICLES MUST RETURN TO THE COMMISSARY DAILY FOR SERVICE AND CLEANING.

COMMISSARY FORM MUST ACCOMPANY APPLICATION.

NAME _____ PHONE _____

ADDRESS _____

APPLICANT'S NAME _____

APPLICANT'S SIGNATURE _____

****DO NOT WRITE BELOW THIS LINE****

FEE PAID: _____

FEE SCHEDULE:

APPROVED: _____

1ST FOOD PERMIT..... \$300.00

RENEWAL PERMIT..... \$300.00

DENIED: _____

COMMENTS: _____

****IMPORTANT NOTE:** A COMPLETE AND CURRENT VENDING ITINERARY MUST BE SUBMITTED AT THE TIME OF APPLICATION. NO PERMIT WILL BE ISSUED WITH OUT THIS INFORMATION. PLEASE LIST ALL MCALLEN VENDING LOCATIONS.