

**COMMISSARY APPROVAL FORM**



**PLEASE PRINT**

**COMMISSARY NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
STREET CITY STATE ZIP

The mobile vehicles listed below have permission to use my facilities

NAME ON VEHICLE	PERMIT NUMBER	NAME OF VEHICLE OWNER
_____	_____	_____
_____	_____	_____
_____	_____	_____

PHONE NUMBER OF VEHICLE OWNER ( ) \_\_\_\_\_ - \_\_\_\_\_ (home)  
( ) \_\_\_\_\_ - \_\_\_\_\_ (office) ( ) \_\_\_\_\_ - \_\_\_\_\_ (cell)

The following services may be performed at my commissary by the above units:

- Have access to facility at all times
- Have limited access to facility. If yes, access hours are: \_\_\_\_\_
- Have access to inside preparation facilities
- Store mobile unit
- Wash out truck
- Wash, rinse, sanitize all food surfaces
- Fill with fresh water
- Dispose of waste water
- Store excess product
- Store products requiring refrigeration

**MOBILES ARE TO BE STORED INSIDE THE COMMISSARY OVERNIGHT.**

Comments \_\_\_\_\_

COMMISSARY OWNER'S NAME (please print) \_\_\_\_\_

COMMISSARY OWNER'S SIGNATURE \_\_\_\_\_

MFU OWNER'S SIGNATURE \_\_\_\_\_

I certify that information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid. I agree to abide by all of the policies, rules and regulations set forth by the department. Failure to comply may result in suspension of the permit or imposition of a fine or both.

\_\_\_\_\_  
TEXAS DRIVER'S LICENSE #

\_\_\_\_\_  
DATE OF BIRTH

COMMISSARY OWNER'S SIGNATURE IS TO BE NOTARIZED UNLESS THE COMMISSARY OWNER IS PRESENT AT THE TIME OF SIGNING.

**NOTARY SPACE**

**NOTE: All commissaries must be pre-approved prior to permitting mobile food unit**

\* MFU = Mobile Food Unit

Revised 08-19-03

