



City of Rockwall

Phone: 972-771-7708 Fax: 972-771-7748

Mobile Food Unit/ Food Truck/ Commissary Application Form
Please Print

Permit # _____

Food Truck/ Mobile Food Unit : _____ \$300.00

Cold Mobile Vendor: _____ \$ 200.00

Owner and Operator Information:

Business Owner: _____

Address: _____

Phone: _____ Name of Certified FSM: _____

Name of Operator: _____ DOB: _____ DL# _____

Address: _____ Telephone: _____

City, State Zip _____

Vehicle and Location Information:

Type of vehicle: (truck/trailer) _____ Vin# _____

License Plate # _____ Make/ Model) _____

Address or route the vehicle will be operating:

I have carefully read the completed application and hereby agree that if a permit is issued, all provisions of the City of Rockwall Ordinances and State Laws shall be complied with, whether herein specified or not. I am the owner or operator of the above listed vehicle and hereby grant permission to enter the premises and make all inspections.

Date: _____ Signature of Applicant: _____

For City Use Only

P&Z

NIS

Approved by: _____

Approved by: _____

Date: _____

Date: _____