

Commonwealth of Virginia



Application for a Mobile Food Unit

Application for a: New Mobile Unit Permit Renewal Name Change Change of Owner

Establishment Information:

Name of Establishment: _____

Physical Address (include zipcode): _____

Mailing Address (if different): _____

Phone: _____

Establishment Owner Information:

Legal Owner Type: Association Corporation Individual Partnership Other

Association, Corporation Partnership Name: _____

If a Corporation or LLC, please attach list of owners, addresses and phone numbers.

Legal Owner Name: _____

Owner Billing Address: _____

Local Registered Agent (if required): _____ Title: _____

Local Agent's address: _____

Email Address: _____

Applicant Contact Information:

Applicant's Name: _____ Title: _____

Telephone: _____ Cell _____ Fax _____

Service Area Name: _____ Phone: _____

Address: _____

(Attach letter from the service area authorizing use of the establishment)

Selling Location(s): 1. _____ 2. _____

3. _____ 4. _____

Hours of Operation: _____

Days of Operation (Check all that apply): Sun M T W Th F Sat

Approximate Months of Operation: _____

License Plate Number for Cart or Truck: _____

Will this mobile unit (circle Yes or No):

1. Prepare, offer for sale, or serve foods that require temperature control for safety (meats, cheese, soups, sauces, pasta, cooked vegetables, sliced fruit)? Yes No
 - a. Only to order upon a consumer's request? Yes No
 - b. In advance in quantities? Yes No

2. Place food out at normal room temperature for a set period of time? Yes No

3. Prepare potentially hazardous food in advance using a food preparation method that involves 2 or more steps which may include combining temperature control for safety (TCS) ingredients, cooking, cooling, reheating, hot or cold holding, freezing or thawing? Yes No

4. Does not prepare but offers for sale only prepackaged food that do not require temperature control for safety? Yes No

5. Prepares only food that does not require temperature control for safety? Yes No

The water supply for use in the unit is? Public _____ Private _____
(if private attach copy of written approval)

How will the wastewater be removed from the unit? _____

I/we attest to the accuracy of the information provided, affirm to comply with the Commonwealth of Virginia Food Regulations and allow the regulatory authority access to the establishment at any reasonable time to inspect, conduct tests or collect samples as required.

Signature: _____
Title: _____ Date: _____

Mail the application and remit \$40 fee to: Fredericksburg Health Department
Attn: Environmental Health
608 Jackson Street, Suite 200
Fredericksburg, VA 22401

