



**Department of Code Compliance
Consumer Health Division
7901 Goforth Rd. Dallas, Texas 75238
Mobile Application**

RETURN APPLICATION TO:
Department of Code Compliance
Consumer Health Division
7901 Goforth Rd.
Dallas, Texas 75238
Phone: 214-670-8083
Fax: 214-670-8330

FOR OFFICE USE ONLY

Inv# _____

Permit# _____

Received By: _____

The City of Dallas does not accept payments in the field.

Vehicle Name: _____ Date of Application: _____

Vehicle Make, Model, Year: _____

VIN #: _____ License Plate #: _____

Owner's Name: _____

Driver's License #: _____ Date of Birth: _____

Owner's Address: _____

Contact Phone #: _____ Cell Phone: _____

Email Address: _____

Commissary Name: _____

Commissary Address: _____

Food Service Manager Name: _____ Certificate #: _____

Are all other food service employees certified food handlers? _____

Has the vehicle been permitted by the City of Dallas before? _____

If previously permitted:

Name under which it was permitted: _____

Previous Owners Name: _____

Has the vehicle been remodeled, converted or altered in a way that changes the structure, equipment, or contents of the vehicle since previously permitted? _____ If yes, have plans been submitted? _____

By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.

Signature: _____

Date: _____