



2025 MOBILE FOOD UNIT PLAN REVIEW APPLICATION

SUBMIT TO: HOUSTON HEALTH DEPARTMENT 8000 N. STADIUM DRIVE PERMIT OFFICE- 1ST FLOOR MON-FRI 7:30 AM-4:00 PM
PLANS AND MENU DISCLOSURE MUST BE CLEAR ORIGINAL DOCUMENTS AND LEGIBLE
(HAND- DRAWN/FADED/CUTOFF COPIES WILL NOT BE ACCEPTED)

PLEASE CLEARLY PRINT ALL INFORMATION BELOW

DATE: _____

ACCOUNT #: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

MOBILE FOOD UNIT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

ALTERNATE EMAIL: _____

ALTERNATE CONTACT NAME: _____

ALTERNATE PHONE: _____ ALTERNATE EMAIL: _____

Items must be included at submission:

☐ 1 set of plans/blueprints ☐ Menu Disclosure ☐ Plan review fee \$46.34 (one time fee)

*Pushcarts with open foods will only be approved at a fixed location on the premises of a permitted food establishment which must be used as the commissary. Include map showing cart location and route to commissary. Pushcarts in parks must also have authorization from HPARD to operate.

All fees are non-refundable.

DO NOT WRITE BELOW THIS LINE

ASSIGNED TO: _____ DATE: _____

PLAN TYPE: ☐ NEW ☐ REMODEL ☐ RE-SUBMISSION (DATE) _____ Version: 1 2 3 4 5

UNIT TYPE: ☐ 07 – Truck / Trailer ☐ 14- Pushcart SERVICE TYPE: ☐ UNRESTRICTED RESULT: ☐ APPROVED ☐ REJECTED

REVIEWED BY: _____ DATE: _____

CUSTOMER NOTIFIED BY: ☐ Email ☐ Phone _____ DATE/TIME: _____

ALL PLANS NOT PICKED UP WITHIN 15 DAYS AFTER REVIEW WILL BE MAILED TO THE OPERATOR

rev022025

