



# Hardin County Health Department

## Mobile Food Establishment/Catering Application

P.O. Box 820/1135 Redwood, Kountze, Texas 77625

409-209-5359 [info.healthinspections@co.hardin.tx.us](mailto:info.healthinspections@co.hardin.tx.us)

### Owner Details

Name of Business: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City

Zip

Mailing Address: \_\_\_\_\_

City

State

Zip

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

DOB: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### Please check one:

Catering Company     Mobile Truck     Mobile Trailer

### Mobile Food Unit

Vehicle Description: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Mobile Food Unit VIN #: \_\_\_\_\_

Are you currently permitted in another County? \_\_\_\_\_

County: \_\_\_\_\_

Food Type (American, Italian, Mexican, etc.): \_\_\_\_\_

**A complete menu or list of food to be served must be submitted.**

**Operation Details**

<b>DAYS</b> of Operation	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>HOURS</b> of Operation							

**License Fee:**

\_\_\_\_\_ Mobile Food Unit/Caterer ..... \$ 300.00  
 \_\_\_\_\_ Non-Profit .....\$ 0.00

**I, the owner/registered agent of this establishment, certify that the above information is true and accurate as of the date of this application.**

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only**

Date issued: \_\_\_\_\_ Date to expire: \_\_\_\_\_ Permit # \_\_\_\_\_ Fee: \_\_\_\_\_

Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check/Mo. Order \_\_\_\_\_ Invoice \_\_\_\_\_ FSP # \_\_\_\_\_

\_\_\_\_\_ [https://govpay.net/hardin\\_co\\_tx\\_health](https://govpay.net/hardin_co_tx_health) - We accept all major credit cards online

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**ReJena Bolton, Hardin County Health Inspector Manager** [rejena.bolton@co.hardin.tx.us](mailto:rejena.bolton@co.hardin.tx.us)