



# CITY OF CANTON

201 N. Buffalo  
Canton, TX 75103  
903-567-1841 (Phone)  
cantontx.gov (Email)

## APPLICATION FOR MOBILE FOOD UNIT PERMIT

**Note:** This application must be filled out completely and turned in with a copy of proof of Texas sales and use tax permit and a copy of current and valid identification card for owner and any applicable responsible parties. **INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.** Application for a permit to operate does not guarantee that a permit will be granted. Permit approval is based upon the establishment or mobile food unit's compliance with state and local health requirements. All fees must be paid before a permit will be issued. **PERMITS ARE NON-REFUNDABLE AND NON-TRANSFERABLE AND ONLY VALID FOR OPERATIONS WITHIN THE CITY OF CANTON**

\_\_\_\_\_ Date  
Type of Mobile Food Truck Permit: New  Renewal   
Limited (\$50.00) General (\$100.00) (Circle One)

Name of Mobile Food Unit: _____	
License Plate Number of Unit: _____	State Where Licensed: _____
Address: _____	
Phone No.: _____	Email: _____
Vehicle Make: _____	Model: _____
Description of Unit: _____	

Name of Food Unit Owner: _____	
Address: _____	
Phone No.: _____	Email: _____
Driver's License No.: _____	State: _____

Additional Responsible Party: _____	
Address: _____	
Phone No.: _____	Email: _____

Name of Commissary: _____	
Address: _____	
Phone No.: _____	Email: _____

Types of food to be offered: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This document certifies that I, \_\_\_\_\_, own or represent the owner of the property/business located at \_\_\_\_\_ and I attest that I agree to abide by all local, state and federal rules/laws regarding the operation of a mobile food establishment within the City of Canton, Texas. I understand that failure to do so may result in the revocation of my Mobile Food Unit Permit.

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Documents required before permit will be issued:

- \_\_\_\_\_ 1. Completed Mobile Food Unit Permit Application
- \_\_\_\_\_ 2. State Health permit (issued by State of Texas and must be current)

**STAFF USE ONLY:**

**Permit Issued:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Approved:**

\_\_\_\_\_  
Printed Name of City Staff Member

\_\_\_\_\_  
Signature of City Staff Member

**Not Approved:**

\_\_\_\_\_  
Printed Name of City Staff Member

\_\_\_\_\_  
Signature of City Staff Member

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_