



Rose Mary Rahn
Director

Milton Teske, M.D.
Health Officer

To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.



Mobile Food Vending Application

Business Name/ Nombre de Negocio		Business Location/ *Domicilio de Negocio
<input type="text"/>		<input type="text"/>
Business Phone Telefono de Negocio	Contact Phone Numero de Contacto	Billing/ Mailing Address Direccion de Envio
<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name / Nombre de Propietario		Home Address/ Domicilio de Casa
<input type="text"/>		<input type="text"/>
Permit Applicant/Contact Person's name Solicitante/ Persona de Contacto		E-mail Address/ Correo Electronico
<input type="text"/>		<input type="text"/>
Applicant's Signature / Firma de Solicitante		Date/ Fecha
<input type="text"/>		<input type="text"/>

Please call to make an appointment for your vehicle after the Fire Dept. has given you your appointment. Payment will not be taken and inspection will not be done without all the completed documents.

Por favor llame para hacer una cita para su vehículo después de que el departamento de bomberos le haya dado su cita. No se aceptará el pago y no se realizará la inspección sin todos los documentos completos.

Category/Categoría	Permit Fee
<input type="checkbox"/> Mobile Food Vending Operation 0-1 Sink/ Operación de venta de comida movil 0-1fregadero	\$199.00
<input type="checkbox"/> Mobile Food Vending Operation 2+ Sinks/ Operación de venta de comida móvil 2 + fregaderos	\$371.00

OFFICE USE ONLY/ USO DE OFICINA SOLAMENTE

FACILITY #: _____ CIRCLE ONE OF THE FOLLOWING: RENEWAL NEW CHANGE-OF-OWNERSHIP
 _____ Commissary Verified _____ Food Manager/Handler Verification
 _____ Mobile Unit Registration (if applicable) _____ MASC Form/Fire Permit (if applicable)

LICENSE PLATE #: _____ EXPIRATION DATE: _____

FOOD MANAGER/ HANDLER NAME: _____ EXP. DATE: _____

REC'D BY #: _____ DATE REC'D: ____/____/____ PERMIT EXP DATE: _____

AMT REC'D: _____ PAYMENT TYPE :(1) CASH _____ (2) CHECK _____ (3) CASH & CHECK _____ (4) CREDIT CARD _____

DATE OF CHECK: ____/____/____ CHECK#: _____ RECEIPT #: _____

APPROVED BY: _____ /____/____
 (ENVIRONMENTAL HEALTH OFFICER SIGNATURE) (DATE APPROVED)

DATE UPDATED: ____/____/____ INITIALS: _____

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