



Health Permit Application

Mobile Food Unit

City of South Padre Island
 4601 Padre Blvd.
 South Padre Island, TX 78597
 Phone: (956) 761-8123
 Fax: (956) 761-3898
 www.MySPI.org

Mobile Food Unit (MFU)	
Unit Name:	_____
Approved Location Address:	_____
Mailing Address:	_____
Owner/Manager	_____
Phone:	_____
Cell Phone:	_____
CFM #:	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Self-Propelled MFU	<input type="checkbox"/> Pulled MFU

Local Establishment Support (LES)	
Name of LES:	_____
Physical Address:	_____
Phone:	_____
Cell Phone:	_____
Comments:	_____
Contact Person:	_____
LES Owner(s) Signature:	_____
Phone:	_____
Fax:	_____
E-Mail:	_____

Temporary Permit Fees	
<input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May	PEAK - \$500 per month
<input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug	
<input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov	OFF-PEAK - \$100 per month
<input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb	
<input type="checkbox"/> October to September	YEARLY - \$1,800

Designated Areas	
<input type="checkbox"/> Bay Front	_____
<input type="checkbox"/> Padre Blvd. North	_____
<input type="checkbox"/> Entertainment District Core	_____
<input type="checkbox"/> Other	_____
<input type="checkbox"/> Copy of Sales Tax Certificate	_____

_____ Applicant Print Name	_____ Applicant Signature	_____ Date
_____ Health Director Print Name	_____ Health Director Signature	_____ Date

Health inspector will inspect and approve all mobile food units that must comply with the Texas Food Establishment Rules (TFER) and City of South Padre Island Health Ordinances. Application and permit fee must be received by Health Director two (2) working days prior to the event.