



Mobile Food Unit Permit Application

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)	
Name of Applicant:	_____
Applicant Address:	_____
Applicant Drivers Lic. #:	_____ Phone #: _____
Name of Business:	_____
Approved Location Address:	_____
**Note- Attach letter of property owner authorizing use of the space.	
Mailing Address:	_____
Owner/Manager:	_____
Phone:	_____
Cell Phone:	_____
CFM #:	_____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Business Tax ID #:	_____
<input type="checkbox"/> Self-Propelled MFU	<input type="checkbox"/> Pulled MFU

Central Preparation Facility (CPF)	
Name of CPF:	_____
Physical Address:	_____
Phone:	_____
Cell Phone:	_____
CPF Permit #:	_____
Comments:	_____
Contact Person:	_____
Phone:	_____ Fax: _____
E-Mail:	_____
**Note- Attach letter from central preparation facility where the mobile food unit will be served.	

Temporary Permit Fees - Non Transferable or Refundable	
<input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug	PEAK - \$500 per month
<input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb	OFF-PEAK - \$100 per month
<input type="checkbox"/> January to December	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	_____

_____ Person or Entity Applying For Permit 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.		



Mobile Food Unit Permit Application

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 Information

Type of Unit: Truck Van Trailor Other

Business Name: _____

Business Owner: _____

Business Phone #: _____

Description of Vehicle

Make: _____ Model: _____

Year: _____ Color: _____

VIN #: _____

License Plate: _____

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a Sole Proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 437 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 228 & 229, and all other state rules regarding Mobile Food Units and agree to abide by them.

Applicant
Signature

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESINGEE / AGENT

Date

Printed Name & Title

A PERMIT CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE