



COMMISSARY APPROVAL APPLICATION

Mobile Vendor [] Push Cart [] Ice Cream Truck []

Commissary Name: _____

Address: _____ City _____ State/zip _____

The mobile vehicles listed below have permission to use the services of my facilities:

Table with 3 columns: Vehicle Name (displayed on vehicle), Permit #, Owner of Vehicle (name)

The following services may be performed at my commissary by the above units:

- Has access to the facility at all times.
Has limited access to the facility. If yes, access hours are:
Has access to inside preparation facilities:
Store mobile unit. Wash out vehicle. Fill with fresh water.
Dispose of waste water. Wash, rinse, sanitize all food contact surfaces.
Store excess product. Store products requiring refrigeration.

Comments: _____

A copy of the commissary's most recent health inspection report and health permit must be provided prior to inspection. Commissary owner's signature must be notarized unless the commissary owner is present at the City of Lewisville at the time of signing.

Commissary Owner: _____ Signature _____ Printed Name _____

Date: _____ Texas Driver's Lic. # _____ Date of Birth: _____

II. SHORT FORMS FOR ACKNOWLEDGEMENT:

(1) For a natural person acting in his or her own right:

STATE OF TEXAS COUNTY OF _____ (1)

This instrument was acknowledged before me on _____ by _____

(SEAL)

Notary Public - Signature