



City of Longview Environmental Health Services Division

P.O. Box 1952 Longview, TX 75606; Walk-in Location: 410 S. High Street (8am-5pm Mon. thru Fri)

Phone 903-237-1285 Fax 903-237-1289

LongviewTexas.gov/FoodService

Commissary Approval Form

Food Establishment and/or Central Preparation Facility

Vendors applying for a City of Longview mobile food unit permit who are seeking to utilize a food establishment or a central preparation facility (CPF), as their commissary MUST submit this form to verify that the facility is permitted and that they have permission to use it as their commissary. **Home based operations are NOT ALLOWED.**

MOBILE FOOD UNIT INFORMATION:

NAME ON MOBILE FOOD UNIT: _____ PERMIT # _____

NAME OF MOBILE FOOD UNIT OWNER: _____

PHONE NUMBER OF MOBILE FOOD UNIT OWNER: _____

COMMISSARY INFORMATION:

NAME OF PERMITTED FOOD ESTABLISHMENT: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

The following services may be performed at my commissary by the mobile food unit:

- ~ Have access to facility at all times
- ~ Have limited access to facility. If yes, access hours are: _____
- ~ Have access to inside preparation facilities
- ~ Store mobile vehicle overnight
- ~ Wash out truck/cart above a floor drain
- ~ Wash, rinse, sanitize all food surfaces
- ~ Fill with fresh water
- ~ Dispose of waste water
- ~ Store excess product
- ~ Store products requiring refrigeration

The mobile food unit listed above has permission to use my facilities

COMMISSARY OWNER'S NAME (please print) _____

COMMISSARY OWNER'S SIGNATURE _____

*I certify that information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid. I agree to abide by all the policies, rules and regulations set forth by the department. **Failure to comply will result in suspension of the permit or imposition of a fine or both.***

Signature of mobile food unit owner

Texas Driver License #

Date of Birth