

**CITY OF HOUSTON**  
**DEPT. OF HEALTH AND HUMAN SERVICES**  
 Consumer Health Services  
 8000 N Stadium Dr, Ste 200  
 Houston, TX 77054  
 832-393-5100

**Unrestricted Mobile Food Unit**

Date:	Unit #
Name of Business:	Vehicle License #
Owner:	Vehicle identification #

**ROUTE LIST** (Section 20-22 of the Houston City Code requires, in part, that “Prior to the issuance of any initial or renewal medallion, the operator of a mobile food unit, other than a restricted operations mobile food unit, shall submit to the department a list of locations where the mobile food unit will be in operation. The operator shall also give written notice at least two business days prior to beginning operations at or relocating operations to any location not currently included on the list of active locations submitted to the department.”.) **Please fill out before inspection.**

Location/address w/ zip code	Days of operation	Hours

**STANDARD OPERATING PROCEDURES:**

This unit’s potable water tank will be drained, flushed and re-filled, the waste tank will be drained and flushed and, the unit will be cleaned, on the following **days and times**: (**Units in operation must have a valid servicing ticket from within the last 24 hours.**)

**Required:** *Name and Address of waste water disposal site:* \_\_\_\_\_  
 \_\_\_\_\_

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Name owner/representative: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_