



**2024 MOBILE FOOD UNIT PLAN REVIEW APPLICATION**

**SUBMIT TO: HOUSTON HEALTH DEPARTMENT 8000 N. STADIUM DRIVE PERMIT OFFICE- 1<sup>ST</sup> FLOOR MON-FRI 7:30 AM-4:00 PM  
PLANS AND MENU DISCLOSURE MUST BE CLEAR ORIGINAL DOCUMENTS AND LEGIBLE  
(HAND- DRAWN/FADED/CUTOFF COPIES WILL NOT BE ACCEPTED)**

**PLEASE CLEARLY PRINT ALL INFORMATION BELOW**

DATE: \_\_\_\_\_ ACCOUNT #: \_\_\_\_\_

NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

MOBILE FOOD UNIT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ALTERNATE EMAIL: \_\_\_\_\_

ALTERNATE CONTACT NAME: \_\_\_\_\_

ALTERNATE PHONE: \_\_\_\_\_ ALTERNATE EMAIL: \_\_\_\_\_

**Items must be included at submission:**

- 1 set of plans/blueprints  Menu Disclosure  Plan review fee \$45.02 (for each submission)

\*Pushcarts with open foods will only be approved at a fixed location on the premises of a permitted food establishment which must be used as the commissary. Include map showing cart location and route to commissary. Pushcarts in parks must also have authorization from HPARD to operate.

**All fees are non-refundable.**

**DO NOT WRITE BELOW THIS LINE**

ASSIGNED TO: \_\_\_\_\_ DATE: \_\_\_\_\_

PLAN TYPE:  NEW  REMODEL  RE-SUBMISSION (DATE) \_\_\_\_\_ Version: 1 2 3 4 5

UNIT TYPE:  07 – Truck / Trailer  14- Pushcart SERVICE TYPE:  UNRESTRICTED RESULT:  APPROVED  REJECTED

REVIEWED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CUSTOMER NOTIFIED BY:  Email  Phone \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

**ALL PLANS NOT PICKED UP WITHIN 15 DAYS AFTER REVIEW WILL BE MAILED TO THE OPERATOR**

rev12282023

