



City of Dallas

**MOBILE FOOD UNIT
COFFEE CART COMMISSARY APPROVAL**

PLEASE PRINT

COMMISSARY NAME _____ **DATE** _____

ADDRESS _____
STREET CITY STATE ZIP

The coffee cart listed below has permission to use my facilities:

NAME OF COFFEE CART _____ **NAME OF COFFEE CART OWNER** _____

PHONE NUMBER OF MOBILE FOOD UNIT OWNER () _____ - _____

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

- ___ 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 unit
- ___ Wash out truck
- ___ Wash, rinse, sanitize all food contact surfaces
- ___ Fill with fresh water
- ___ Dispose of waste water
- ___ Store excess product
- ___ Store products requiring refrigeration

Comments _____

**COMMISSARY OWNER'S
SIGNATURE** _____

Texas Drivers License # _____ **Date of Birth** _____

**COMMISSARY OWNER'S SIGNATURE IS TO BE NOTARIZED UNLESS THE COMMISSARY
OWNER IS PRESENT AT THE TIME OF SIGNING.**

NOTARY SPACE