



CITY OF DALLAS

**Department of Code Compliance  
Consumer Health Division  
7901 Goforth Rd. Dallas, Texas 75238  
Mobile Application**

**RETURN APPLICATION TO:**  
Department of Code Compliance  
Consumer Health Division  
7901 Goforth Rd.  
Dallas, Texas 75238  
Phone: 214-670-8083  
Fax: 214-670-8330

**FOR OFFICE USE ONLY**

Inv# \_\_\_\_\_

Permit# \_\_\_\_\_

Received By: \_\_\_\_\_

**The City of Dallas does not accept payments in the field.**

Vehicle Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Vehicle Make, Model, Year: \_\_\_\_\_

VIN #: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Food Service Manager Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Are all other food service employees certified food handlers? \_\_\_\_\_

Has the vehicle been permitted by the City of Dallas before? \_\_\_\_\_

If previously permitted:

Name under which it was permitted: \_\_\_\_\_

Previous Owners Name: \_\_\_\_\_

Has the vehicle been remodeled, converted or altered in a way that changes the structure, equipment, or contents of the vehicle since previously permitted? \_\_\_\_\_ If yes, have plans been submitted? \_\_\_\_\_

**By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.**

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

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