

410-877-2305/410-879-2684  
FAX 443-643-0333



**Public Health**  
Prevent. Promote. Protect.  
**Harford County**  
**Health Department**

## APPLICATION FOR A MOBILE FOOD UNIT

Mobile Unit Trading Name: \_\_\_\_\_

Vehicle Tag Number: \_\_\_\_\_ State \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Type of Mobile Unit: \_\_\_\_\_

Make and Model: \_\_\_\_\_

Owner of Business: \_\_\_\_\_

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

Owner's Telephone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Food Items Sold: \_\_\_\_\_

Months/Days/Hours of Operation: \_\_\_\_\_

Site(s) of Operation/Route \_\_\_\_\_

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

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

Source of Water (Public or Private Well): \_\_\_\_\_

“Clean” Water Tank Size: Cold(gallons): \_\_\_\_\_ Hot(gallons): \_\_\_\_\_

“Dirty” Water Tank Size: \_\_\_\_\_

Grey Water Disposal Method: \_\_\_\_\_

Power Source: \_\_\_\_\_

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**I certify that the above information is correct to the best of my knowledge.**

X \_\_\_\_\_  
**Signature** (Required)

X \_\_\_\_\_  
**Date**

X \_\_\_\_\_  
**Print Name/Title** (Required)

X \_\_\_\_\_  
**Phone Number** (Required)

OFFICIAL USE ONLY

I.D. NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_