



MOBILE UNIT LICENSE APPLICATION

Dept. of Human Services
Public Health Division
2110 Washington Blvd
Suite 350
Arlington, VA 22204
Phone (703) 228-7400

Please print or type the information requested below. Return your completed application, depot letter, and processing fee of \$40 (checks made payable to *Treasurer, Arlington County*) to the address listed. The establishment name and owner's name must be the same as those recorded on the Arlington County business license.

Application type:

- New Mobile Unit License Renewal Name Change Change of Owner or Vending Cart

MOBILE UNIT NAME: _____

MOBILE UNIT INFORMATION

Selling Location 1: _____ Selling Location 2: _____

Days/Times of Operation _____ Days/Times of Operation _____

S M T W Th F Sat S M T W Th F Sat
(Please notify the Public Health Division of a location change and/or change in hours of operation.)

Contact Number for Mobile Unit (_____) _____ - _____

License Plate Number for Mobile Unit _____ VIN for Unit _____

Color of Unit _____ Make _____ Model _____

OWNERSHIP INFORMATION

Owner/Proprietor Partnership Corporation (if checked, fill out information below)

Corporation Name _____

Street Address _____

City _____ State _____ Zip _____

Fax (_____) _____ - _____ E-mail _____

LIST PRINCIPALS OF BUSINESS

Owner #1	Owner #2
Name _____	Name _____
Street Address _____	Street Address _____
City, State, Zip Code _____	City, State, Zip Code _____
Phone (_____) _____ - _____	Phone (_____) _____ - _____
Fax (_____) _____ - _____	Fax (_____) _____ - _____
E-mail _____	E-mail _____

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MENU ITEMS (List all food and beverage items that will be served from the mobile food unit. Food and beverages shall be prepared and stored in a licensed food establishment. Serving food and beverages prepared and/or stored in a home or non-licensed facility is prohibited.)

MENU ITEM	WHERE DO YOU PREPARE MENU ITEM?		MAIN INGREDIENTS
	<input type="checkbox"/> Truck	<input type="checkbox"/> Base of Operation	
	<input type="checkbox"/> Truck	<input type="checkbox"/> Base of Operation	
	<input type="checkbox"/> Truck	<input type="checkbox"/> Base of Operation	
	<input type="checkbox"/> Truck	<input type="checkbox"/> Base of Operation	
	<input type="checkbox"/> Truck	<input type="checkbox"/> Base of Operation	
	<input type="checkbox"/> Truck	<input type="checkbox"/> Base of Operation	
	<input type="checkbox"/> Truck	<input type="checkbox"/> Base of Operation	

Are you preparing oil/grease producing foods? Yes No

Are you cooking with propane? Yes No

Base of operation agreement attached? Yes No

Copy of base of operation health license provided? Yes No

Copy of last inspection report for base of operation provided? Yes No

Facebook Page: _____

Twitter Handle: _____

By signing this statement you attest to the accuracy of the information provided in the application and that you will comply with Chapter 9.2 of the Arlington County Code.

Applicant's Signature _____ Today's Date _____

Applicant's Name (printed) _____

Title _____ Phone _____

Official Use Only

Receipt#: _____

Posted: _____

Healthspace Entered by/Date: _____