



GARLAND
HEALTH

1720 Commerce Street
Garland, TX 75040
(972) 205-3460
(972) 205-3505 Fax

**CATERING TRUCK
PERMIT APPLICATION**

Mailing Address
Health Department
P.O. Box 469002
Garland, TX 75046-9002

OFFICE USE ONLY	
Fee:	_____
Permit:	_____
Class:	_____ Area: _____
Issue Date:	_____
Exp. Date:	_____
<input type="checkbox"/> Renewal	<input type="checkbox"/> Mgr. Chg. <input type="checkbox"/> New

RECV'D BY/RECEIPT #:	

BUSINESS INFORMATION

Applicant Name: _____

Applicant Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Cell/Mobile Phone: _____

Date of Birth: _____ Driver's License: _____

Name of Business: _____

Business Address: _____
(Street/P.O. Box) (City) (State) (Zip)

Business Phone: _____ Cell/Mobile Phone: _____

DESCRIPTION OF VEHICLE
Make: _____
Model: _____
Year: _____ Color: _____
License Plate Number: _____

SOURCE OF FOOD PRODUCT/COMMISSARY
Name: _____
Street/P.O. Box: _____
City/State/Zip: _____
Phone: _____

I certify that the above information that I have supplied is true to the best of my knowledge. I also certify that I have been furnished a copy of the regulations regarding the sale and conveyance of food from a concession within the City of Garland and that I understand my responsibilities under these regulations.

Applicant Signature

Health Specialist Signature