



MOBILE UNIT CHECKLIST

Mobile Food Establishment Name: _____ Date: _____
Mobile Food Establishment Owner: _____
Mobile Unit Description: _____ License Plate No.: _____
Operating Address: 403 E Main, Tomball, TX 77375

- ____ Current, valid Harris County Food Medallion (copy attached)
- ____ Certified Food Service Manager on unit during all food service operations (your certificate attached)
- ____ Agree there will be food handler certification for all employees within 60 days of employment
- ____ Sales Tax Permit/must be current on sales tax (copy attached)
- ____ Government Issued ID (copy attached)
- ____ Current vehicle registration and insurance (copy of Declarations page showing liability limits)
- ____ General Liability Insurance of at least \$1,000,000 occurrence / \$2,000,000 aggregate, listing 403 EATS as Additional Insured (certificate attached)
- ____ City of Tomball Mobile Food Truck Registration form (copy attached). No fee for the City and we will submit.

I certify that I meet all the listed requirements and will continue to do so during my lease with 403 EATS.

Food Truck Representative

403 EATS