403 EATS
TOMBALL'S FOOD TRUCK PARK

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)

____ Current, valid Harris County Permit Establishment #_____

____ 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). Must pay City of Tomball Sales Tax

____ 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)

____ Copy of Menu

____ 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