

Mobile Food Unit Change of Ownership Supplemental Application Form

Mobile Food Unit Name: _____ Facility #: _____

Address: _____ Zip Code: _____

Adding/changing route or location?..... Yes No
If yes, describe:

Adding/changing menu from previous operator?..... Yes No
If yes, describe:

Adding any cooking equipment?..... Yes No
If yes, describe:

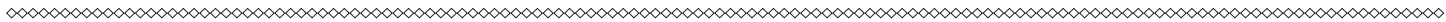
Changing or removing any sinks, fresh water, or waste tanks? Yes No
If yes, describe:

Changing or removing any refrigeration?..... Yes No
If yes, describe:

Changing or removing any restroom facilities? Yes No
If yes, describe:

Adding cooling foods to Mobile Food Unit (i.e. making foods day before service)?..... Yes No
If yes, describe:

Catering meals?..... Yes No



Office Use Only: Check database for following information:
Previous Name: _____
Any "Yes" answer above will require Plan Reviewer sign-off before license approval.
Plan Reviewer: _____ Date: _____