

MOBILE FOOD UNIT PERMIT APPLICATION

(Expires after 1 year...To be kept with food unit at all times...Permit Cost \$100.00)

DATE _____

PROVIDE WITH APPLICATION

1. Town of Monteagle Business Permit
2. Tennessee Department of Health required Food License/Permit (For this unit)
3. Written permission of Landowner where food dispensed
4. 2 Photos of unit

NAME _____

ADDRESS _____

PHONE _____

CELL _____

E MAIL _____

DESCRIPTION OF TYPE OF FOOD, BEVERAGE, FRUIT OR LIKE CONSUMABLE
PRODUCT TO BE SOLD

VIN # OF VEHICLE _____

BRIEF DESCRIPTION INCLUDING MAKE AND MODEL OF UNIT

THIS APPLICATION BECOMES THE PERMIT WHEN SIGNED BY INSPECTOR

I have read and understand and agree to comply with the Monteagle's Mobile Food Units Ordinance.

APPLICANT SIGNATURE _____

CODES ENFORCEMENT INSPECTOR _____

Email monteaglecodes@blomand.net

Cell 423-605-3825