

City of Lewisville • Health Division PO Box 299002 • Lewisville, TX 75029-9002 972.219.3480

www.cityoflewisville.com

COMMISSARY APPROVAL APPLICATION

Food Truck	Ice Cream Push	n Cart 🗆 💮 🗆 🛭	ce Cream Truck 🗆	General Cart □	
Commissary Name:					
Address:		City:		State/Zip:	
The mobile vehicle	e/cart listed below	has permission	to use the services	of my facilities:	
Vehicle/Cart Name (displayed on unit)		Permit	: #	Owner of Vehicle/Cart (name)	
☐ Has access	to the facility at a	ll times	missary by the abo		
☐ Has access	Has access to inside preparation facilities:				
☐ Store u	ınit	☐ Wash out ur	nit 🗆 Fill with 1	fresh water	
☐ Dispose	e of waste water	□ Wash, rinse,	sanitize all food co	ntact surfaces	
☐ Store e	excess product	☐ Store produce	ts requiring refrige	ration	
Comments:					
provided prior to commissary owner Commissary Owner	inspection. Comer is present at the	nmissary owner e City of Lewisvil	s signature must le at the time of signature	I health permit must be be notarized unless the gning.	
II. SHORT FORMS (1) For a natu	FOR ACKNOWLED ral person acting in		right:		
STATE OF T	STATE OF TEXAS		COUNTY OF(1)		
This instrument v	was acknowledged	l before me on _	by		
(SEAL)					
			Notary Public	Signature	