

Mobile Unit License Application

2022/23

Instructions

Application and attachments: submit via email, mail, fax, or in-person.

\$40 payment: submit check or money order by mail or in-person. Make payable to *Treasurer, Arlington County* and include Mobile Unit name in "for/memo" section. You may pay by credit card over the phone.

Contact the Environmental Health Program to schedule a joint health and fire inspection. For fire questions, call the Fire Prevention Office at 703-228-4644.

Application Type

New Mobile Unit or Vending Cart License Renewal Name Change Change of Owner

Mobile Unit Information

Mobile Unit Name: _____

Operator/Driver Name: _____

Phone: _____ Email: _____

License Plate #: _____ VIN: _____

Facebook Page: _____ Twitter Handle: _____

Ownership Information

Owner/Proprietor Partnership Corporation

Business/Corporation Name: _____

Owner #1 Name (*point of contact*): _____

Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Owner #2 Name: _____

Phone: _____ Email: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Menu			
Menu Item <i>List all foods and beverages that the mobile unit will serve</i>	Where Item is Prepared		Main Ingredients
	Truck	Base of Operation	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
<p><i>Foods and beverages shall be prepared and stored in a licensed food establishment. Serving foods and beverages prepared or stored in a home or non-licensed facility is prohibited.</i></p>			

Attachments	
Please submit the following with your application:	
<input type="checkbox"/> Base of Operation Agreement	<input type="checkbox"/> Business license
<input type="checkbox"/> Base of Operation Health License	<input type="checkbox"/> Certified Food Protection Manager certificate (<i>certificate holder must be present during inspection</i>)
<input type="checkbox"/> Base of Operation's last health inspection report	

Certification	
By signing this statement, I attest to the accuracy of the information provided in the application and agree that I will comply with Chapter 9.2 of the Arlington County Code. I agree to notify the Environmental Health Program if any of the information provided in my application changes.	
Applicant Signature: _____	Date: _____
Applicant Name (printed): _____	
Title: _____	Phone: _____

Information provided in this application may be subject to disclosure under the Freedom of Information Act (FOIA).

OFFICE USE ONLY	
Receipt #:	Admin Name:
Posted:	