

### Mobile Unit License Application

Instructions
Submit your application, any necessary attachments, and \$40 fee to the Environmental Health Program. Make checks payable to <i>Arlington County Treasurer</i> .
After submitting your application, contact the Environmental Health Program to schedule a joint health and fire inspection. If you have fire regulation questions before your inspection, call the Fire Prevention Office at 703-228-4644.

**Mobile Unit Name:** \_\_\_\_\_

Applicant Type
<input type="checkbox"/> New Mobile Unit or Vending Cart <input type="checkbox"/> License Renewal <input type="checkbox"/> Name Change <input type="checkbox"/> Change of Owner

Mobile Unit Information
Operator/Driver Name: _____
Phone Number: _____ Email: _____
License Plate Number: _____ VIN: _____
Facebook Page: _____ Twitter Handle: _____

Ownership Information
<input type="checkbox"/> Owner/Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation
Business/Corporation Name: _____
Owner #1 Name ( <i>point of contact</i> ): _____
Phone Number: _____ Email: _____
Street Address: _____ City: _____ State: ____ Zip: _____
Owner #2 Name: _____
Phone Number: _____ Email: _____
Street Address: _____ City: _____ State: ____ Zip: _____

**Menu**

List all foods and beverages that the mobile unit will serve.

Menu Item	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"/>	

*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**.*

**Attachments**

Please submit the following with your application:

- Base of Operation Agreement
- Base of Operation Health License
- Last inspection report for Base of Operation
- Northern Virginia Certified Food Protection Manager card (*cardholder must be present during inspection*)

**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: \_\_\_\_\_

**OFFICE USE ONLY**

Receipt #: \_\_\_\_\_ Admin Name: \_\_\_\_\_

Posted: \_\_\_\_\_