

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:

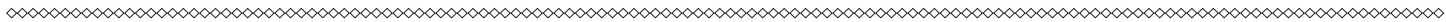
Changing or removing any sinks, fresh water, or waste tanks? Yes No If yes, describe:

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: