



# Health Permit Application

## Mobile Food Unit

City of South Padre Island  
 4601 Padre Blvd.  
 South Padre Island, TX 78597  
 Phone: (956) 761-8123  
 Fax: (956) 761-3898  
 www.MySPI.org

Mobile Food Unit (MFU)
Unit Name: _____  Approved Location Address: _____  Mailing Address: _____  Owner/Manager: _____  Phone: _____  Cell Phone: _____  CFM #: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No  <input type="checkbox"/> Self-Propelled MFU <input type="checkbox"/> Pulled MFU

Local Establishment Support (LES)
Name of LES: _____  Physical Address: _____  Phone: _____  Cell Phone: _____  Comments: _____  Contact Person: _____  LES Owner(s) Signature: _____  Phone: _____ Fax: _____  E-Mail: _____

Temporary Permit Fees
<input type="checkbox"/> Mar <input type="checkbox"/> Apr <input type="checkbox"/> May      PEAK - \$500 per month <input type="checkbox"/> Jun <input type="checkbox"/> Jul <input type="checkbox"/> Aug
<input type="checkbox"/> Sep <input type="checkbox"/> Oct <input type="checkbox"/> Nov      OFF-PEAK - \$100 per month <input type="checkbox"/> Dec <input type="checkbox"/> Jan <input type="checkbox"/> Feb
<input type="checkbox"/> January to December      YEARLY - \$1,800

Designated Areas
<input type="checkbox"/> Bay Front _____ <input type="checkbox"/> Padre Blvd. North _____ <input type="checkbox"/> Entertainment District Core _____ <input type="checkbox"/> Other _____
<input type="checkbox"/> Copy of Sales Tax Certificate _____

Applicant Print Name	Applicant Signature	Date
Health Director Print Name	Health Director Signature	Date

Health inspector will inspect and approve all mobile food units that must comply with the Texas Food Establishment Rules (TFER) and City of South Padre Island Health Ordinances. Application and permit fee must be received by Health Director two (2) working days prior to the event.