

## Mobile Unit License Application

**2024/25**

### Instructions

**Application + attachments:** Submit by email, mail, fax, or in-person. **\$40 payment:** Submit check or money order by mail or in-person. Make payable to *Treasurer, Arlington County*. Include Mobile Unit name in "for/memo" section. Call to pay by credit card.

Contact Environmental Health 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: \_\_\_\_\_

### Other Permit Information

Name on Arlington County Vendor License: \_\_\_\_\_

Vendor Permit #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Arlington County Peddler License #: \_\_\_\_\_ Expiration Year: \_\_\_\_\_

VDH Permit # (if applicable): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### 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 <b>prohibited</b>.</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:	