



CITY OF GRAND PRAIRIE  
Environmental Quality Division  
**Stationary Food Unit Permit Application**

---

Stationary Food Unit's Name: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

ID/Driver's License: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Commissary's Phone Number: \_\_\_\_\_

Food Items To Be Sold: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I attest that the information provided above is true and accurate. I agree to comply with the City of Grand Prairie Code of Ordinances and understand that failure to do so may result in suspension or revocation of the permit. I further understand that distribution of unauthorized items will result in revocation or suspension of the permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable and that these fees are non-refundable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FEE: \$130 per year**



**STATIONARY FOOD UNIT  
COMMISSARY APPROVAL**

Incomplete applications will not be processed

Commissary Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

The following services may be performed at my commissary:

(Check the appropriate items)

- |                                                            |                                                                              |
|------------------------------------------------------------|------------------------------------------------------------------------------|
| <input type="checkbox"/> Daily restocking of food supplies | <input type="checkbox"/> Wash, rinse, and sanitize all food contact surfaces |
| <input type="checkbox"/> Wash out stationary food unit     | <input type="checkbox"/> Replenish potable water reservoir.                  |
| <input type="checkbox"/> Store stationary food unit        | <input type="checkbox"/> Empty and clean waste water tank.                   |

**PROVIDE A CURRENT COMMISSARY INSPECTION REPORT FROM LOCAL REGULATORY AUTHORITY**

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

The stationary food unit listed below has permission to use my facility and to perform the items checked above. I certify that this information is true and correct.

NAME OF STATIONARY FOOD UNIT: \_\_\_\_\_

NAME OF OPERATOR: \_\_\_\_\_

OPERATOR'S ADDRESS: \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LIC. STATE AND NUMBER: \_\_\_\_\_

COMMISSARY OWNER/REPRESENTATIVE'S NAME: \_\_\_\_\_

COMMISSARY OWNER/REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Environmental Services Department  
Environmental Quality Division

**Stationary Food Unit Parking Authorization Form**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Owner/Manager/Person in Charge: \_\_\_\_\_

Name of Stationary Food Unit: \_\_\_\_\_

Operations Permitted the Following Days/Times: \_\_\_\_\_

Restrooms Available for Stationary Food Unit Vendor to Use During Hours of Operation  
Yes\_\_\_\_ No\_\_\_\_

Restrictions: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature : \_\_\_\_\_

**Note: Only one Stationary Food Unit may be permitted to operate at any facility at any given time. If property owner/manager allows more than one Stationary Food Unit, then the days and/or times of operations must be different for each vendor. The Stationary Food Unit must be removed from the premises at the end of each day and maintained and stored at the approved commissary.**