



## ENVIRONMENTAL HEALTH

633 Walnut Street Abilene, TX 79601

[foodtruck-user-group@abilenetx.gov](mailto:foodtruck-user-group@abilenetx.gov)

(325) 676-6291 FAX (325) 676-6289

### MOBILE FOOD UNIT FOOD PREPRATION & VENDING LOCATION

All City of Abilene Mobile Venders are required to submit and maintain a current itinerary sheet detailing all vending locations and hours of operations at these locations. If any changes are to be made regarding the itinerary on file (i.e changes to vending locations or time) then an updated itinerary must be submitted to this department **24 hours** prior to enactment of changes. **Failure to maintain a current and valid itinerary with this department MAY result in permit suspension.**

Mobile Vending Unit Name (print): \_\_\_\_\_

Owner's Name (print): \_\_\_\_\_

Owner's Contact Phone Number: \_\_\_\_\_

Itinerary Valid from the Following Dates: \_\_\_\_\_ to \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

Vending Location Address	Days at This Location (circle all that apply)	Start Time	Stop Time
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tues. Weds. Thu. Fri. Sat.	AM PM	AM PM

\_\_\_\_\_  
Owner/Responsible Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



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**MOBILE FOOD UNIT FOOD PREPRATION & VENDING LOCATION**  
 Continuation

Mobile Vending Unit Name (**print**): \_\_\_\_\_

Owner's Name (**print**): \_\_\_\_\_

Owner's Contact Phone Number: \_\_\_\_\_

Itinerary Valid from the Following Dates: \_\_\_\_\_ to \_\_\_\_\_

Page: \_\_\_\_\_ of \_\_\_\_\_

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\_\_\_\_\_  
 Owner/Responsible Party Signature

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 Printed Name

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 Date