

**Prince George's County**  
 Department of Permitting, Inspections  
 and Enforcement  
**PERMITTING & LICENSING DIVISION**  
**Business Licensing Center**  
 9400 Peppercorn Place, 1st Floor  
 Largo, Maryland 20774  
 301.883.3840 ♦ FAX: 301.883.3875



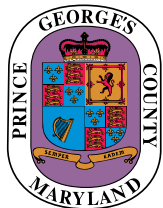
**SPECIAL FOOD SERVICE FACILITY — MOBILE UNIT  
 LICENSE REQUIREMENTS CHECKLIST**

OFFICE  
 USE  
 ONLY

***An Applicant Must Submit:***

- Completed application and checklist. Additional forms can be obtained from the Business Licensing Center or on DPIE's Website at <http://dpi.e.mypgc.us>.
- Each license expires one year from the date of issuance unless renewed. (No fee charged for Special Food Services Facilities — Mobile Unit license.)
- Listing of all principal owners on the application form.
- Copy of Federal Employer Identification Number and evidence of Combined Central Registration with the Maryland Comptroller's Office.
- Copy of current vehicle registration.
- Copy of "Certificate of Insurance" proving there is an insurance policy covering the Special Food Services Facilities — Mobile Unit.
- Color photograph of the vehicle with Food Truck Hub (maximum dimensions: 25 feet long, 11 feet tall and 8 feet wide).
- Photocopy of the driver's license or other government issued identification card for each individual listed per Section 5-2804, Subsection (a) to include "all applicants for a Special Food Service Facility — Mobile Unit License."
- Copy of a valid Prince George's County Health Department permit or recent inspection approval of the vehicle. (Contact the Health Department at 301.883.7600 for more information.) **Important to Note:** *A Certified Food Manager Certification and the Certified Food Manager Holder must be present at all times during operation.*
- Copy of a valid "Proof of Review" issued by the Prince George's County Fire Department. (Contact the Fire Department at 301.583.1830.)

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**APPLICATION FOR SPECIAL FOOD SERVICE  
 FACILITY — MOBILE UNIT LICENSE**

*Please print clearly.*

**SECTION A — BUSINESS DATA**

Complete Name of Business: \_\_\_\_\_

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

*Street*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Business Telephone #(s): \_\_\_\_\_

**SECTION B — IDENTIFICATION**

**PRINCIPAL OWNER**

Legal Name: \_\_\_\_\_

List Any Aliases or Nicknames: \_\_\_\_\_

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

*Street*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

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

*Street*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Telephone #(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

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**BUSINESS ENTITY/TRADE NAME/TRADE AS NAMES**

Owner: \_\_\_\_\_

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

*Street*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

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

*Street*

\_\_\_\_\_

*City*

*State*

*ZIP Code*

Telephone #(s): \_\_\_\_\_

E-mail: \_\_\_\_\_

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**SECTION C — LOCATION OF FOOD TRUCK HUB(S)**

*List the Food Truck Hub(s) where the Special Food Service Facility — Mobile Unit License holder will operate, if known.*

1. Name of Food Truck Hub: \_\_\_\_\_

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

Telephone #(s): \_\_\_\_\_

2. Name of Food Truck Hub: \_\_\_\_\_

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

Telephone #(s): \_\_\_\_\_

3. Name of Food Truck Hub: \_\_\_\_\_

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

Telephone #(s): \_\_\_\_\_

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**SECTION D — NATURE OF GOODS** *List the type(s) of food(s) offered for sale.*

Nature of goods: \_\_\_\_\_

\_\_\_\_\_

(Must primarily sell freshly prepared foods or fresh fruits and vegetables.)

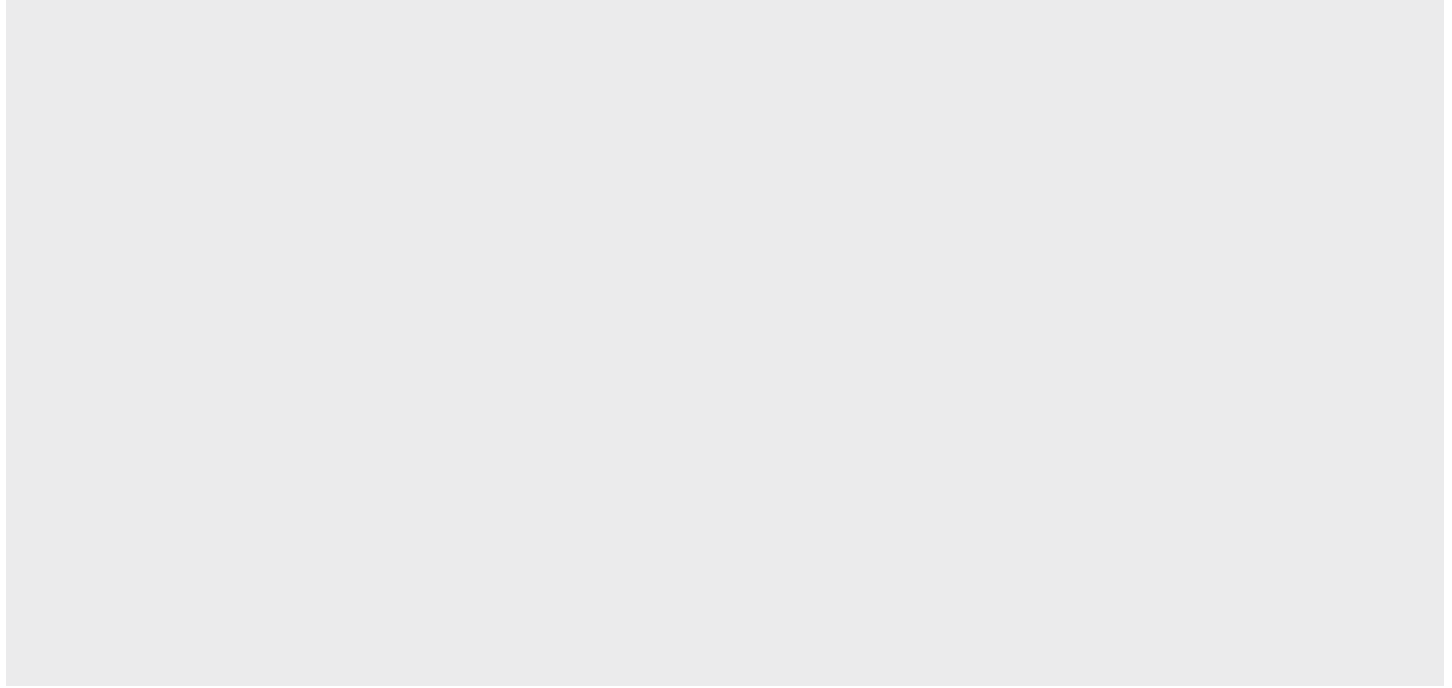
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## SECTION E — DESCRIPTION OF THE VEHICLE

Make/Model/Year/Description/Dimensions: \_\_\_\_\_

Location where truck is parked when not in use: \_\_\_\_\_

Attach a color photograph of the vehicle in the below shaded area.



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## SECTION F — DENIED, SUSPENDED OR REVOKED LICENSE

**NOTE:** Any change in the firm's personnel or other change affecting the validity of this license must be submitted in writing to the Department of Permitting, Inspections and Enforcement, Business Licensing Center, 9400 Peppercorn Place, Suite 151, Largo, MD 20774 within thirty (30) days with all pertinent details. Failure to do so may result in revocation or suspension of license.

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## SECTION G — ATTESTATION

I, THE UNDERSIGNED, HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT I HAVE READ AND FULLY COMPREHEND THIS FORM IN ITS ENTIRETY AND THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT SHOULD ANY STATEMENT I HAVE MADE PROVE FALSE, MISLEADING OR ERRONEOUS, IT MAY RESULT IN THE REJECTION OF MY APPLICATION.

**PRINCIPAL OWNER:**

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

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

SEAL

\_\_\_\_\_  
*Notary Public*