



**CITY OF MESQUITE**  
**Health Division**  
**1515 N Galloway Ave, Mesquite TX 75149**  
**Phone: 972-216-8138**  
**FAX 972-216-6908**

Permit # \_\_\_\_\_

Class: Mobile

Date: \_\_\_\_\_

Fee: \_\_\_\_\_

**Ice Cream Truck Application**  
(Please Print)

**Year** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_

**License#** \_\_\_\_\_ **Vin#** \_\_\_\_\_

**Name of Company** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Owner of Company** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**Name of Supplier** \_\_\_\_\_

**Commissary Address** \_\_\_\_\_

\_\_\_\_\_  
**Name of Applicant (Printed)**

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

\_\_\_\_\_  
**Date**