



MOBILE FOOD PROGRAM ROUTE SHEET

Health Department
1720 Commerce Street
Garland, TX 75040
972-205-3460
Fax 972-205-3505

Mobile Food Unit: _____

Business Phone: () _____ - _____

Email: _____

Anticipated Route for the Months of

- Select One
 Jan - Mar
 Apr - Jun
 Jul - Sep
 Oct - Dec

For the Year 20____

| Location Address | Day of the Week and Time |
|------------------|---|
| | Su ____ : ____ to ____ : ____ M ____ : ____ to ____ : ____ Tu ____ : ____ to ____ : ____ W ____ : ____ to ____ : ____ Th ____ : ____ to ____ : ____ F ____ : ____ to ____ : ____ S ____ : ____ to ____ : ____ |
| | Su ____ : ____ to ____ : ____ M ____ : ____ to ____ : ____ Tu ____ : ____ to ____ : ____ W ____ : ____ to ____ : ____ Th ____ : ____ to ____ : ____ F ____ : ____ to ____ : ____ S ____ : ____ to ____ : ____ |
| | Su ____ : ____ to ____ : ____ M ____ : ____ to ____ : ____ Tu ____ : ____ to ____ : ____ W ____ : ____ to ____ : ____ Th ____ : ____ to ____ : ____ F ____ : ____ to ____ : ____ S ____ : ____ to ____ : ____ |

NOTE: All locations listed must have a service agreement with the mobile food unit / operator.