

FOR OFFICE USE

Received: _____ Paid On: _____ Check #: _____ Amount: _____ Receipt _____
Initial: _____ Issue On: _____ Expires On: _____ Permit: _____ Juris: COA / TC / ILA



AUSTIN PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION
P.O. BOX 142529 Austin, TX 78714
Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
Web Address: <http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Mobile Food Vendor: Operational Permit Application

The Mobile Unit(s) must be physically present to receive a permit.

Business Information Note: Incomplete applications **will not** be processed and will be returned

Permit Type: _____ Restricted (pre-packaged foods) _____ Unrestricted (open foods) Sales Tax ID: _____
Business Type: _____ Corporation _____ Partnership _____ Proprietorship Operation Area: _____ Austin _____ Travis _____ Other
Business Name: _____
Mail Address for Renewals: _____
Street City State Zip Code

Mobile Unit Information Note: Permits are not transferrable

Unit Type: _____ Motor Vehicle _____ Pushcart _____ Trailer Other _____ VIN: _____
Make: _____ Model: _____ Year: _____ Color: _____
Type(s) of Food: _____
License Plate: _____ State: _____ Number of Employees: _____

Contact Information Print full legal names as they would appear on a Government Issued Photo ID(s)

Owner Name: _____ Phone: _____
(###) ### - ####
Mailing Address: _____
Street City State Zip Code
Phone Number: _____ Email Address: _____
(###) ### - #### Email addresses are not distributed. (Internal use only)
Date of Birth: _____ Gov. Issued ID: _____
MM / DD / YYYY Ex: Driver's License ID Number State
Responsible Party: _____ Phone: _____
List an Additional Responsible Party (if applicable) (###) ### - ####

Fee Information: Note: Refund requests **will not** be honored after 180 days from date of payment

City of Austin (Contracted Municipalities*)		Travis County (Unincorporated)	
Permit Fee (Unrestricted)	\$290.00	Permit (Unrestricted)	\$273
Permit Fee (Restricted)	\$212.00	Permit (Restricted)	\$198
Application Fee	\$105.00		
Fire Inspection (if applicable)	\$125.00		

* Not limited to Bee Cave, Lakeway, Manor, Rollingwood, Sunset Valley, Volente, Westlake Hills

DO NOT MAIL CASH PAYMENTS

Payment Forms Accepted: Cash, Check, Money Order, Visa, MasterCard, Discover, AMEX

Make checks and money orders payable to: Austin Public Health

Debit cards not accepted. Credit cards not accepted for Travis County payments.

Payment must accompany applications submitted by mail (Environmental Health Services Division, PO BOX 142529, Austin, TX 78714) or in person at the walk-in location (1520 Rutherford LN). For customers submitting via email (ehsd.service@austintexas.gov) please note that an EHSD representative will contact you by phone to collect a credit card payment within 2 business days of submission.

Applicant's Signature _____ Print Name _____ Date _____

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of Austin & Travis County, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Mobile Food Vendor Responsibilities

- 1. Operation:** Adhere to state and local rules/ordinances governing mobile vending operation at all times.
- 2. Home Prepared Food:** Do not serve food prepared at a home to the public.
- 3. Food Manager/Food Handler:** Post/Maintain at least one (1) employee's original, valid City of Austin Food Manager Certificate at all times on Unrestricted Units. Maintain documentation showing all other employees have completed a state approved Food Handler Training Course within the last two (2) years.
- 4. External Equipment:** Do not use external equipment. All equipment **MUST** be located within or on the mobile unit at all times, including propane tanks. Have the equipment properly enclosed at all times.
- 5. Central Preparation Facility:** Use your Registered Central Preparation Facility (CPF) to service your unit. The mobile vendor's owner must also possess a separate, valid Food Establishment permit at the CPF location in order to prepare or handle food at the CPF. Maintain a CPF log sheet, documenting all visits to the CPF, and store the log in the mobile vending unit at all times. The Health Department may request a review of the CPF log sheet at any time.
- 6. Refrigeration & Heating:** Units must contain adequate hot & cold food storage facilities to maintain food at the required temperatures. Hold hot foods at 135°F or above. Store cold foods at 41°F or below.
- 7. Thermometer:** Provide metal stem dial thermometers with a range of 0-220°F and accurate to +/- 2°F on all units that prepare food, in order to monitor food temperatures. Place additional thermometers in all refrigeration/cold-hold units.
- 8. Labeling:** Properly label all pre-packaged, self-service food items offered in adherence with the Texas Food Establishment Rules requirements.
- 9. Mobility:** Maintain a state of mobile readiness at all times. The health authority may prohibit alteration, removal, attachments, placement or change in, under, or upon the mobile food establishment that would prevent or otherwise reduce ready mobility.
- 10. Utilities/Water:** Do not attach permanent utilities (i.e. plumbing, gas, electrical, water) the unit. Do not attach a water hose or any other permanent water supply to the unit.
- 11. Holding Tanks:** Install permanent, properly sized holding tanks for fresh water and wastewater in each unit. Tanks must allow valve access to the exterior of the unit for operators to empty/fill the tanks. Ensure that emptying and/or filling the tank does not contaminate the ground surfaces or the mobile unit.
- 12. Hot & Cold Water:** Maintain a safe and secure water supply for Unrestricted Units. Hot and cold water must be available under pressure for immediate use to all sinks at all times of operation.
- 13. Handwashing:** Supply Soap, Single Use Towels and Hot Water to hand sinks at all times.
- 14. Zoning:** For units operating within the Austin city limits, contact City of Austin Planning and Zoning (PAZ) and Right-of-Way (ROW) departments to determine if the city approved the site for vending.

Refund Policy (Continued)

City of Austin: Applications submitted for operation within the City of Austin and Contracted Municipalities **may** be eligible for a refund of the permit fee, if the department did not issue a permit. The refund applies to permit fees only and does not extend to application or fire inspection fees.

Travis County: Applications submitted for operation within Travis County are not eligible for a fee refund.

****** Please Attach a Clear Copy of a Valid Government Issued Photo ID ******

Applicant's Signature

Print Name

Date

I have read/understand all of the items of responsibility listed above and agree to fully comply with all requirements as listed. I understand fully that any violation of or non-compliance with these requirements may result in the suspension of my permit and may potentially result in further legal action, such as having court charges filed.



01/2017

[Monkey.com/s/EHSDSurvey](http://www.austintexas.gov/monkey.com/s/EHSDSurvey)

AUSTIN PUBLIC HEALTH
ENVIRONMENTAL HEALTH SERVICES DIVISION

Page 2 of 6

NO HOME-PREPARED FOODS ALLOWED

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Central Preparation Facility (CPF) Contract

The purpose of this document is to verify that an agreement exists between the Mobile Food Vendor and the operator of the registered Central Preparation Facility (CPF) which allow the Mobile Food Vendor to utilize the CPF facilities in a manner consistent with all Austin Public Health rules, regulations and guidelines. Under the terms of this agreement the CPF operator must adhere to the following requirements:

- **Maintain** a current & valid Fixed Food Enterprise (FFE) permit.
- **Provide** adequate/approved waste disposal facilities for handling waste water disposal, oil/grease disposal, trash disposal, and all other necessary waste disposal (including adequately sized grease trap).
- **Provide** a sanitary area for distributing potable water to mobile units.
- **Allow** the mobile vendor to bring the unit to the establishment for servicing as often as needed.
- **Provide** sanitary adequate food storage facilities for dry goods and items requiring temperature control.
- **Allow** foods to be held/stored overnight at CPF under approved sanitary conditions.
- **Provide** additional storage for equipment and supplies used by mobile vendor (if needed)

Mobile vendors utilizing this CPF may not engage in any food preparation at the facility unless the mobile vendor has obtained an additional Food Establishment Permit for this location.

I _____ have read and understand the items of responsibility listed
CPF Owner / Responsible Party (Print)
above and agree to comply with all of the requirements. I give permission to _____
Mobile Vending Unit Owner/Operator (Print)
of _____ to use my establishment, _____
Mobile Vending Unit Name (Print) Name of CPF (Print)
located at _____ as a Central Preparation Facility for the mobile vending unit.
Address of CPF (Print)

I understand that any health violations of the vendor found at this establishment can be included on the health inspection for this establishment.

Signature: _____ **Date:** _____
Signature of Central Prep Facility Owner or Responsible Party MM/DD/YYYY

Phone: _____
(###) ### - ####

Notary Verification for Austin/Travis County

Other jurisdictions: Complete Next Form

Before me on this date, _____, personally appeared, _____,
MM/DD/YYYY Central Preparation Facility Owner or Responsible Party (Print)
owner or responsible party of, _____, known to me (or proven to me) to
Name of Central Preparation Facility Establishment (Print)
be the person whose name is subscribed to the above "Central Preparation Facility Contract."

Name of Notary: _____ **Expiration:** _____
Name of Notary Public, State of Texas (Print) Notary Commission Expires (MM/DD/YYYY)

Notary Signature: _____ **Notary Seal:** _____
Ink Stamp Only



AUSTIN PUBLIC HEALTH
 ENVIRONMENTAL HEALTH SERVICES DIVISION
 P.O. BOX 142529 Austin, TX 78714
 Phone (512) 978-0300 Email: ehsd.service@austintexas.gov
 Web Address: <http://www.austintexas.gov/ehsd>

Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Central Preparation Facility (CPF) Certification

For CPF(s) located outside Austin/Travis County

Any vendor that applies for an Austin/Travis County Mobile Vending Permit and intends to use a Central Preparation Facility outside the Austin/Travis County jurisdiction must submit this form. The Health Authority overseeing the CPF's operations must complete the form.

_____ **Food Establishment Name**

_____ **Food Establishment Permit Holder or Responsible Party**

_____ **Food Establishment Address**

_____ **Permit Number** _____ **Permit Expiration**

I certify that the Food Establishment listed above is currently approved in my jurisdiction to operate as:

Please initial all that apply

_____ **Food Establishment**

_____ **Central Preparation Facility**

Please check one

_____ This facility is approved for wastewater disposal.

_____ This facility is not approved for wastewater disposal. * Grease trap pumping service agreement must be provided with a frequency rate that meets or exceeds your waste production. *

_____ **Name of Health Officer/Authority (Printed)**

_____ **Name of Jurisdiction**

_____ **Health Authority (Signature)** _____ **Date**

_____ **Contact Phone Number**



Walk-in Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)

Restroom Facility Agreement

All City of Austin Mobile Food Vendors are required to submit and maintain a current Restroom Facility Agreement for each location where the mobile unit will operate for longer than two (2) hours. This agreement confirms availability of a restroom, during the hours of operation, for staff, within 150 feet of the vending location. Failure to maintain a current Restroom Facility Agreement with this department, for each vending location in which you operate may result in permit suspension and/or filing of legal charges.

Upper Portion: Mobile Food Vendors that intend to access restroom facilities of a store front or other similar establishment must have the top portion of this form signed by the owner or responsible party of that establishment.

Lower Portion: Mobile Food Vendors that intend to access portable restroom facilities must have the bottom portion of this form signed by the owner or responsible party of the Mobile Food Vendor.

Non-commercial Facilities: Non-commercial/Residential facilities cannot fulfill this requirement.

Fixed Establishment Restroom Facility Agreement

I, _____, owner/responsible party for _____
Name of Business Owner/Responsible Party (printed) Name of Business (printed)

located at _____ give permission to _____
Business Address (printed) Name of Mobile Owner/Responsible Party (printed)

of _____ to use my restroom facilities for their employees during the
Name of Mobile Vending Unit (printed)

mobile unit's hours of operation. I understand that observations of inaccessibility to my restroom facilities during the mobile vendor's hours of operation, restroom facilities greater than 150 feet from mobile unit or sewage violations may result in this agreement being rescinded by Austin Public Health.

Signature of Business Owner/Responsible Party Printed Name of Business Owner/Responsible Party Contact Phone Number Date

Signature of Mobile Vending Unit Owner/Responsible Party Printed Name of Mobile Vending Unit Owner/Responsible Party Date

Portable Restroom Facility Agreement

I, _____, owner/responsible party for _____
Name of Mobile Vending Unit Owner/Responsible Party (printed) Name of Mobile Vending Unit (printed)

will adhere to the requirements of the Restroom Facility Agreement when in operation for two (2) consecutive hours or more at a single location. I will adhere to this requirement through the use of a portable restroom facility to be located at

_____ which will be routinely serviced by
Address of Portable Restroom Location

_____ and will be located and maintained in adherence to all local zoning and code
Printed Name of Liquid Waste Hauler Company

regulations. I understand that observations of inaccessibility to my restroom facilities during the hours of operation, restroom facilities greater than 150 feet from mobile unit or sewage violations may result in this agreement being rescinded by Austin Public Health.

Signature of Mobile Vending Unit Owner/Responsible Party Printed Name of Mobile Vending Unit Owner/Responsible Party Date