



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

Mobile Vending Unit Name: _____

Mobile Vending Application Checklist

In order to be accepted, ALL applications must include:

- ☐ A *completely filled out* Mobile Food Vendor: Operational Permit **Application**.
- ☐ A current, valid government-issued photo **identification card** for each owner and responsible party (international non-passport IDs are required to have a US address listed on ID),
- ☐ Mobile Food Vending Permit **Fee**, Application Fee, and Fire Inspection fee (if applicable),
- ☐ Active **Sales & Use Tax** number for the owner (except vendors only getting a Travis County Permit or Charitable Feeding Organizations),
- ☐ **Unrestricted** mobiles require a unique and valid certified **Food Manager Certificate** (State Health and ANSI certified food manager certificate), and
 - One Food Manager Certificate needed per Mobile Food Vending unit.
 - Multiple Mobile Food Vending units require multiple Food Managers.
- ☐ Other requests by Austin Public Health
Example: Fixed Food Health Permit for self-packaging Restricted Mobile Vendors or a copy of the 501(C) exemption under the Internal Revenue Code Documentation for a CFO classification.

Additionally, **NEW** applications must also include:

- ☐ Proof of **ownership documentation** for Business Entity/Owner that are LLC or Corporations:
 - **Proprietorship**: A date-stamped copy of the **Certificate of Assumed Name**
 - **Limited Partnership (LP)**: A date-stamped copy of the **Certificate of Limited Partnership** to include the name of each member of the partnership and percentage ownership.
 - **Limited Liability Company (LLC)**: **Articles of Organization** (Formation documents) to include the name and percentage ownership for each member and the name for the registered agent. Date stamped copy of the **Certificate of Filing** and **Formation** filed with the **Texas Secretary of State**
 - **Corporation (Inc.)**: **Articles of Incorporation** (Formation documents) to include the name of each officer and the name for the director and the registered agent of the corporation or named person of responsibility. Date stamped copy of the **Certificate of Filing** and **Formation** filed with the **Texas Secretary of State**.

Additional Required Documentation

- ☐ **Copy of registration**: If the mobile unit does not have a Vehicle Identification Number (VIN) assigned, a copy of the registration renewal receipt will be required to be submitted with application
- ☐ **Copy of Temporary Plates**: If the mobile unit has temporary plates at time of application submittal, a copy of the temporary plates must be submitted with the application
- ☐ **Copy of Wastewater Pumping Service Agreement**: If using a 3rd party waste hauler for waste tanks a copy of the wastewater pumping service agreement on companies' letterhead must be provided. Agreement must include frequency of wastewater pickups, after hours phone number, and agreement must be made on a yearly basis. (Cannot be used in place of CPF Contract pg. 3)

I acknowledge that completion of this application does not guarantee a permit will be issued by the department.

I further acknowledge that any permit granted will be subject to the Local and State Codes under which the permit is granted.

Applicant Initials _____

For Office Use				
Received: _____	Paid On: _____	Check #: _____	Amount: _____	Receipt _____
Initial: _____	Issue On: _____	Expires On: _____	Permit: _____	Juris: COA / TC / ILA
Date ____ / ____ / ____ Reviewing Staff Initials _____				
Fee Assessment	Fire Inspection Fee	<input type="checkbox"/> COA	<input type="checkbox"/> TC	<input type="checkbox"/> Not Required
	Permit Type	<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted		
	Jurisdictions	<input type="checkbox"/> COA <input type="checkbox"/> TC <input type="checkbox"/> SV	<input type="checkbox"/> MN <input type="checkbox"/> PF <input type="checkbox"/> WL	<input type="checkbox"/> LW <input type="checkbox"/> BC <input type="checkbox"/> RW
Notes				



**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>



Location: 1520 Rutherford LN, NE corner of Rutherford LN @ Cameron RD, Building 1 East Entrance (Not a Mailing Address)
Applications are accepted Monday through Friday from 7:45 a.m. to 3:00 p.m.

Mobile Food Vendor: Operational Permit Application

Multiple application submissions are required when operating across jurisdiction lines.

Permit Information

*Incomplete applications **will not** be processed and will be returned.*

Mobile Vending Unit Name: _____			
Permit Type:	<input type="checkbox"/> Restricted (pre-packaged foods)	<input type="checkbox"/> Unrestricted (open foods)	Sales Tax ID: _____
Type(s) of Food: _____			
Operation Area:	<input type="checkbox"/> Austin (inside city limits)	<input type="checkbox"/> Travis County (unincorporated)	<input type="checkbox"/> ILA: _____
Mailing Address: _____			
For Renewals	Street	City	State Zip Code

Mobile Unit Information

Permits are not transferrable.

Unit Type:	<input type="checkbox"/> Motor Vehicle	<input type="checkbox"/> Pushcart	<input type="checkbox"/> Trailer	<input type="checkbox"/> Kiosk	<input type="checkbox"/> Foot Peddler	<input type="checkbox"/> Other: _____
Make: _____	Model: _____	Year: _____	Color: _____			
License Plate: _____	State: _____	VIN: _____				

Business Information

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

Business Entity/ Owner: _____		Email Address: _____
		<small>Email addresses are not distributed. (Internal use only)</small>
Org Type:	<input type="checkbox"/> Corporation* <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC* <input type="checkbox"/> LP/LLP* *Proof of ownership documentation required (see page 7) <input type="checkbox"/> Charitable Feeding Organization (additional documentation required)	Phone Number: _____ (###) ### - ####
Bus. Owner Date of Birth: _____ MM / DD / YYYY	Gov. Issued ID: _____ ID Number State	
Responsible Party: _____ <small>List an Additional Responsible Party (if applicable)</small>	Phone Number: _____ (###) ### - ####	
Resp. Party Date of Birth: _____ MM / DD / YYYY	Gov. Issued ID: _____ ID Number State	
Certified Food Manager (CFM) Name: _____ <small>Assigned to only this Mobile Vending Unit (if unrestricted)</small>	CFM Date of Birth: _____ MM / DD / YYYY	

****** Please attach a clear copy of a valid government issued Photo ID of ALL business owners and responsible parties ******

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)	\$239.00	Permit (Unrestricted)	\$273.00
Permit Fee (Restricted)	\$212.00	Permit (Restricted)	\$198.00
Application Fee	\$158.00	Fire Inspection (if applicable)	\$266.00
Fire Inspection (if applicable)	\$200.00		
Charitable Feeding Organization	Fee Exempt		

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

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

Make checks and money orders payable to: Austin Public Health

Credit cards not accepted for Travis County payments.

Business Owner's Signature	Print Name	Date
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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. Appropriate permit must be obtained. Temporary event permits cannot be used in lieu of mobile food vendor permits without department pre-authorization.
- 2. Expanded Operation:** Mobile Food Vendors who expand their operations outside of their permitted mobile unit may apply for a temporary permit as long as their mobile food vending permit is both current and for the appropriate jurisdiction.
- 3. Home Prepared Food:** Do not serve food prepared at a home to the public.
- 4. Jurisdiction:** Multiple permits are required in order to operate in more than one jurisdiction. Each jurisdiction requires a separate permit. Jurisdictions serviced by this Department are City of Austin, Unincorporated Travis County, Sunset Valley, Manor, Bee Cave, Lakeway, Rollingwood, Volente, Pflugerville and Westlake Hills.
- 5. 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.
- 6. 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.
- 7. 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. Austin Public Health staff may request a review of the CPF log sheet at any time.
- 8. Refrigeration & Heating:** Units must contain adequate hot & cold food storage facilities to maintain food at the required temperatures so that hot foods are held at 135°F or above and cold foods are at 41°F or below. Mechanical temperature control equipment is required for holding time/temperature control for safety foods.
- 9. Thermometer:** Provide metal stem thermometers with a range of 0-220°F and accurate to +/- 2°F in order to monitor food temperatures. Place additional thermometers in all refrigeration/cold-hold units.
- 10. Labeling:** Properly label all pre-packaged, self-service food items offered in adherence with the Texas Food Establishment Rules and the U.S. FDA Food Code.
- 11. Mobility:** Maintain a state of mobile readiness at all times. The health authority prohibits the alteration, removal, attachments, placement or change in, under, or upon the mobile food establishment that would prevent or otherwise reduce ready mobility. Ready mobility means quickly, without hesitation, and effortlessly movable. Tires must be inflated and wheels may not be removed from mobile vending unit whether in operation or not.
- 12. Utilities/Water:** Do not attach permanent utilities (i.e. plumbing, gas, electrical, water) to the unit. Do not attach a permanent water supply to the unit. Use food grade hoses to refill potable water tank.
- 13. 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. Fresh water tanks must hold 30 gallons or larger. Wastewater tank must be 15% larger than the fresh water tank.
- 14. 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.
- 15. Handwashing:** Supply Soap, Single Use Towels and Hot Water to hand sinks at all times.
- 16. 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

- 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.

Business Owner'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.



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Central Preparation Facility (CPF) Contract

This document is completed by the owner or responsible party on file of the Central Preparation Facility (CPF). **Only originals dated within 30 days of submittal will be accepted.** The purpose of this document is to verify that an agreement exists between the Mobile Food Vendor and the operator of the registered 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.

CPF Owner Phone: _____
(###) ### - ####

Notary Verification for Austin/Travis County

To be signed in the presence of the Notary after completion of form.

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

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
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Central Preparation Facility (CPF) Certification

For CPF(s) located outside Austin/Travis County

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

CPF Food Establishment Name

CPF Food Establishment Permit Holder or Responsible Party

CPF Food Establishment Address

CPF Permit Number

CPF Permit Expiration

I certify that the CPF 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 Mobile Vending Unit's waste production. *

Name of Health Officer/Authority (Printed)

Name of Jurisdiction

Health Authority (Signature)

Date

Contact Phone Number



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Mobile Food Vendor Itinerary Sheet

Mobile Food Vendors are required to submit and maintain a current itinerary sheet detailing vending locations, hours of operation, and Central Preparation Facility (CPF) service visits. Changes must be submitted on an updated itinerary sheet prior to implementation. Failure to maintain a current, valid itinerary with this department may result in permit suspension and/or filing of legal charges.

Mobile Vending Unit Name: _____

Owner's Name: _____

Itinerary Valid for the Following Dates: _____ to _____ **Page:** _____ of _____

Vending Location Address	Day at Location (Circle All That Apply)	Start Time	End Time
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
Central Preparation Facility Service Visit	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
Central Preparation Facility Service Visit	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM
Central Preparation Facility Service Visit	Sun. Mon. Tue. Wed. Thu. Fri. Sat.	AM PM	AM PM

(Please submit additional itinerary pages if needed.)

Business Owner's Signature

Print Name

Date



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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 commercial establishment must have the top portion of this form signed by the owner or responsible party of that commercial establishment.

Lower Portion: Mobile Food Vendors that intend to access portable restroom facilities may complete the bottom portion of this form.

Non-commercial/Residential facilities cannot fulfill this requirement.

Fixed Establishment Restroom Facility Agreement

I, _____, owner/responsible party for _____
Name of Commercial Establishment Owner (Print) Name of Commercial Establishment (Print)

located at _____ give permission to _____
Commercial Establishment Address (Print) Name of Mobile Owner/Responsible Party (Print)

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

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 Commercial Establishment Owner Printed Name of Commercial Establishment Owner Contact Phone Number Date

Business Owner's Signature Print Name Date

Portable Restroom Facility Agreement

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

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.

Business Owner's Signature Print Name Date