

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)

Applications are only accepted at walk-in location on Tuesdays and Thursdays from 7:45 a.m. to 11:00 a.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: ☐ Restricted (pre-packaged foods) ☐ Unrestricted (open foods) **Sales Tax ID:** _____

Type(s) of Food: _____

Operation Area: ☐ Austin (inside city limits) ☐ Travis County (unincorporated) ☐ ILA: _____

Mailing Address: _____
 For Renewals Street City State Zip Code

Mobile Unit Information

Permits are not transferrable.

Unit Type: ☐ Motor Vehicle ☐ Pushcart ☐ Trailer ☐ Kiosk ☐ Foot Peddler ☐ 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 Owner Name: _____ **Phone Number:** _____
 (###) ### - ####

Business Type: ☐ Corporation ☐ Partnership ☐ Proprietorship ☐ LLC **Email Address:** _____
 Email addresses are not distributed. (Internal use only)

Bus. Owner Date of Birth: _____ **Gov. Issued ID:** _____
 MM / DD / YYYY ID Number State

Responsible Party: _____ **Phone Number:** _____
 List an Additional Responsible Party (if applicable) (###) ### - ####

Resp. Party Date of Birth: _____ **Gov. Issued ID:** _____
 MM / DD / YYYY ID Number State

Certified Food Manager (CFM): _____ **CFM Date of Birth:** _____
 Assigned to only this Mobile Vending Unit (if unrestricted) MM / DD / YYYY

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

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)	\$273.00
Permit Fee (Restricted)	\$212.00	Permit (Restricted)	\$198.00
Application Fee	\$105.00	Fire Inspection (if applicable)	\$204.00
Fire Inspection (if applicable)	\$265.00		

* 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.

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.

Revised: 3/14/2022

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www.SurveyMonkey.com/s/EHSDSurvey

NO HOME-PREPARED FOODS ALLOWED

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, 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. The Health Department 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 41°F or below. Mechanical temperature control equipment is required for holding time/temperature control for safety foods.
- 9. Thermometer:** Provide metal stem dial 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 requirements.
- 11. 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. Ready mobility means quickly, without hesitation, and effortlessly movable. Tires must be inflated and wheels may not be removed from mobile vending unit.
- 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 for potable water tank refilling.
- 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.

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.

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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 may 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



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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 must complete the 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
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.)

Applicant'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

Applicant'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.

Applicant's Signature Print Name Date