



MOBILE FOOD ESTABLISHMENT APPLICATION

HAYS COUNTY DEVELOPMENT SERVICES

2171 YARRINGTON RD, SUITE 100

KYLE, TEXAS 78640

(P) 512-393-2150

(F) 512-493-1915

permits@co.hays.tx.us

Food Establishment Application

1. Owner Information (The holder(s) of a legal or equitable interest in the subject property as shown by the deed records of Hays County)

Owner Full Legal Name: _____

Owner Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Date of Birth: _____ Driver's License Number: _____ State Issued: _____

2. Applicant Information (A person seeking approval of an application; can be the owner or a designated representative of the owner)

Applicant Name: _____

Applicant Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

3. Designated Contact (The individual who the owner or applicant has chosen to receive all communications of the application)

Designated Contact Name: _____

Designated Contact Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

4. Vehicle / Mobile Food Establishment Information (The information about the establishment / business)

Establishment Name: _____

Type of Vehicle: Truck Van Trailer Car Other: _____

Make: _____ Model: _____ Year: _____ State Registered: _____

Color: _____ License Plate #: _____ VIN # _____

5. Certified Food Manager (A document obtained by a person in charge who demonstrates knowledge by being a food protection manager that is certified by a food protection manager certification program)

CFM Name: _____

Mobile Food Establishment Questionnaire

1. Project Description: (Summarize the work being applied for)

Project Description:

2. Food Establishment Details: (Details about the mobile unit / business)

Hours of Operation: _____

Number of Employees: 1 – 5 6 – 19 20+

Type of Food Prepared: _____

Mail Renewals To: _____

Email Renewals To: _____

What type of restroom facilities will be available to employees: _____

What is the water source / supply: _____

How / Where are you disposing of wastewater: _____

Are you a(n): Individual Partnership Corporation

3. Central Preparation Facility: (Details about the establishment / business)

Name of Central Preparation Facility: _____

Facility Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

4. Partnership Information (If applicable, please provide the below information for each member. Also, please provide a copy of the fully executed Partnership Agreement)

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

5. Corporation Information (If applicable, please provide the below information for each Officer of the corporation and the service or process of the registered agent of the corporation. Please provide a date stamped copy of the Articles of Incorporation filed with the Secretary of State and a certified copy of the corporate resolution authorizing the corporation to file an application pursuant to these rules and designating the officer authorized to execute the application.)

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Full Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

6. Additional Documents:

The Application will not be processed until all documents have been received.

- a) Floor Plan – A detailed plan of the mobile unit, indicating the dimensions of the structure and the location of all equipment, sinks and all preparation areas.
- b) Menu – The menu should show all items which are being served at this establishment / business.
- c) Central Preparation Facility (CPF) Form
- d) Certification on Jurisdiction of Commissary Form (Only required if CPF is located outside of Hays County)
- e) A copy of the most recent inspection form of Central Preparation Facility
- f) Signed Requirements for Mobile Food Establishment Page(s)
- g) Itinerary Sheet
- h) Current / Valid Food Manager Certificate
- i) Current / Valid Identification Card / Driver's License

7. Payment Information: (Full payment of application)

The Application will not be processed until all documents have been received.

- a) Online Payment (Credit Card) – Visit www.certifiedpayments.net – Use Bureau Code: 4963827 for (Hays County Development Services)
- b) Checks – Please make check out to Hays County Treasurer. Check may be mailed to or dropped off at our physical office location.
- c) Cash – Cash payments are accepted in person. Only EXACT amounts will be accepted.

8. Owner's / Applicant's Certification:

- a) I have carefully read the complete application and know all statement herein and in the attachments hereto are true and correct to the best of my knowledge.
- b) Applicant is hereby informed that other permits may be required to fulfill local, State, and Federal regulatory requirements and it is the responsibility of the Applicant to obtain any such additional permits and to comply with all such provisions thereof, whether herein specified or not.
- c) Applicant is responsible for all costs associated with any construction undertaken in accordance with this Application and agrees that (s)he will not erect any permanent structure or sign on or extending over any portion of County right-of-way.
- d) As the owner of the above property or a duly authorized Applicant, I hereby grant permission to the County to enter the premises and make all necessary inspections and to take all other actions necessary to review and act up this Application.
- e) All food establishments are to be operated in compliance with Hays County Food Sanitation Regulations.

- f) Mobile Food Establishment Permits are not transferable and expire annually on December 31st. No prorating of permit fees for those paid out of cycle.
- g) I acknowledge that Hays County and its staff do not research and/or enforce Deed Restrictions to any property in the unincorporated areas of Hays County.

By signing, I hereby certify all the information is true and accurate and will follow all Hays County Rules & Regulations.

Signature: _____

Date: _____

CENTRAL PREPARATION FACILITY RESPONSIBILITIES

1. The Central Preparation Facility (commissary) will furnish written approval to the mobile food vendor at the time of the mobile food unit's permit renewal.
2. The Central Preparation Facility will allow the mobile food vendor to bring the unit to the establishment for servicing on a daily basis.
3. The Central Preparation Facility will allow all food storage and preparation to be done at the Central Preparation Facility.
4. The Central Preparation Facility will allow all food held overnight to be stored at the Central Preparation Facility.
5. The Central Preparation Facility will store all equipment and supplies of the mobile food vendor.
6. The Central Preparation Facility will register with the Texas Department of State Health Services as a Food Manufacturer if the establishment does either of the following: a) Prepare and package products sold by the mobile food vendor. b) Prepare the product for the mobile food vendor, even if the vendor actually labels the products.
7. **Food Product labels must contain the following information:**
 - i. Name and address of manufacturer.
 - ii. The common name of the product.
 - iii. A list of all the ingredients in the product from the most prevalent to the least prevalent.
 - iv. The net weight of the product.
8. The Central Preparation Facility will contact the mobile food vendor inspector at 393-2150, if the mobile food unit fails to report to the establishment.
9. For fully self-contained mobile units "servicing" will mean cleaning, disposing of wastewater, and filling freshwater tanks. The Central Preparation Facility must be a permitted food establishment.
10. The Central Preparation Facility shall provide a mobile food unit servicing area. The area shall include at least overhead protection for any supplying, cleaning, or servicing operation except those areas used only for the loading of water and/or the discharge of sewage and other liquid waste, using a closed system of hoses, need not be provided with overhead protection.
11. An approved location for disposal of all wastewater. Within the servicing area, a location provided for the flushing and drainage of liquid wastes shall be separate from the location provided for water servicing and for the loading and unloading of food and related supplies.
12. The surface of the servicing area shall be constructed of a smooth nonabsorbent material, such as concrete or machine-laid asphalt and shall be maintained in good repair, kept clean, and be graded to drain.
13. Potable water servicing equipment shall be installed in the servicing area according to law and stored and handled in a way that protects the water and equipment from contamination.

NOTE: A family residence is not considered a commissary.

I, _____ have read and understand the items of responsibility listed above and agree to comply with all the requirements. I give permission to _____ to use my Establishment, _____ located at _____ as a Central Preparation Facility for the mobile food vending unit. I understand that any health violations of the vendor found at this establishment can be included on the health inspection for this establishment.

Printed Name of Central Prep Facility Owner / Responsible Party

Primary Phone Number

Signature of Central Prep Facility Owner / Responsible Party

Date

REQUIREMENTS FOR MOBILE FOOD ESTABLISHMENTS

Definition(s):

Mobile food establishment – A vehicle mounted food establishment that is always readily moveable. Mobile food establishment shall operate from a central preparation facility (commissary) and shall report to such location for supplies and for cleaning and servicing operations. The commissary used as a base of operation for mobile food units shall be constructed and operated in compliance with the Texas Food Establishment Rules.

Mobile units selling only pre-packaged food:

Mobile units that serve only prepared, pre-packaged in individual servings or beverages that are not potentially hazardous and are dispensed from covered urns or other protected equipment, need not comply with the following requirements pertaining to the necessity of water and sewage systems nor to those requirements pertaining to the cleaning and sanitization of equipment and utensils if the required equipment for cleaning and sanitization exists at its commissary. All other requirements apply to units selling only pre-packaged food. Snow cone vendors **ARE** required to have a commissary as their base of operations. The flavorings must be dispensed using pump-type dispensers or bottles equipped with tightly fitting pour spouts and must be obtained from approved sources (i.e. from a commercial food establishment, not made at home). Potentially hazardous toppings (i.e. ice cream) are not allowed without a commissary.

Mobile food units selling food prepared on premises must provide the following:

- a. Written approval from your commissary. You must report to your commissary to service your unit.
- b. The commissary shall provide a mobile food unit servicing area. The area shall include at least overhead protection for any supplying, cleaning, or servicing operation except those areas used only for the loading of water and/or the discharge of sewage and other liquid waste, using a closed system of hoses, need not be provided with overhead protection.
- c. An approved location for disposal of all wastewater. Within the servicing area, a location provided for the flushing and drainage of liquid wastes shall be separate from the location provided for water servicing and for the loading and unloading of food and related supplies.
- d. The surface of the servicing area shall be constructed of a smooth nonabsorbent material, such as concrete or machine-laid asphalt and shall be maintained in good repair, kept clean, and be graded to drain.
- e. Potable water servicing equipment shall be installed in the servicing area according to law and stored and handled in a way that protects the water and equipment from contamination.
- f. A hand-washing sink with warm running water, soap and individual paper towels.
- g. Provide only single service articles for use by the consumer.
- h. A three-compartment sink for dish washing, rinsing and sanitizing.

- i. A pressurized potable water system with sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning, sanitizing and hand washing. The water inlet shall be located in such a position that it will not be contaminated by waste discharge, road dust, oil or grease, and shall be kept capped when not being filled.
- j. A permanently installed wastewater retention tank that is sized at least 15% larger in capacity than the potable water supply tank and is sloped to drain that is one inch in inner diameter or greater, equipped with a shut-off valve. All connections on the vehicle for servicing the mobile food unit waste disposal facilities shall be of a different size or type than those used for supplying potable water to the mobile food unit.
- k. Facilities provided to store hot foods at or above 135 degrees F and cold foods at or below 41 degrees F. **NOTE:** Wrapped sandwiches shall not be stored in direct contact with ice. Each hot or cold food storage facility shall have numerically scaled thermometer.
- l. All food contact surfaces shall be protected from contamination by consumers and other contaminating agents. Protective shields for equipment shall be provided as needed.
- m. Floors and floor coverings of all food preparation, food storage and utensil-washing areas shall be smooth, durable and easily cleanable.
- n. Walls and ceilings shall be light-colored, smooth, non-absorbent and easily cleanable.
- o. Doors and counter-service openings shall have tight fitting solid or screened doors/windows to restrict the entrance of insects. Counter-service openings shall be kept closed, except when in actual use.
- p. Shielding to protect against broken glass falling onto food shall be provided for all artificial lighting fixtures located over, by or within food storage, preparation, service and display facilities where utensils and equipment are cleaned and stored.
- q. Attachments such as light fixtures, vent covers, fans and similar equipment that attaches to walls and ceilings, shall be easily cleanable.
- r. Ventilation is required to keep the units free of excessive heat, steam condensation, vapors, obnoxious odors, smoke and fumes.

By signing, I hereby certify I have read and will follow all Hays County Requirements for Mobile Food Establishments.

Signature: _____

Date: _____



Hays County Development Services

2171 Yarrington Rd, Suite 100, Kyle Texas 78640

512-393-2150 / 512-493-1915 fax

Certification on Jurisdiction of Commissary

If the central preparation facility (commissary) is located outside of the jurisdiction of Hays County, the Health Authority in that jurisdiction must complete the following certification:

Name of Food Establishment

Address & Phone Number

I certify that the above food establishment is currently approved to operate as a commissary. The commissary must meet the current **Texas Food Establishment Rules, Chapter §228.221 (b) & (c)**.

Signature of Health Officer/Authority

Print Name

Jurisdiction

Jurisdiction's Phone Number

Please return this signed form to:

HAYS COUNTY DEVELOPMENT SERVICES

2171 YARRINGTON RD, SUITE 100

KYLE, TEXAS 78640



Hays County Development Services

2171 Yarrington Rd, Suite 100, Kyle Texas 78640

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Hays County Mobile Food Vendor Itinerary Sheet

All Hays County Mobile Food Vendors are required to submit and maintain a current itinerary sheet detailing all vending locations, hours of operation at these locations and Central Preparation Facility (CPF) visits. If any changes are to be made regarding the itinerary on file (i.e. changes to vending locations, times or CPF visits) then an updated itinerary must be submitted to this department prior to enactment of the changes.

Mobile Vending Unit Name (print): _____

Owner's Name (print): _____

Owner's Contact Phone Number: _____

Itinerary Valid from the Following Dates: _____ to _____

Vending Location Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Vending Location Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Vending Location Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Vending Location Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Vending Location Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Days & Time(s) you visit the Central Preparation Facility:

Central Preparation Facility Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Central Preparation Facility Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Central Preparation Facility Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Central Preparation Facility Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

Central Preparation Facility Address: _____

Days at this Location: Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

Arrival Time: _____ Departure Time: _____

What Restroom Facilities are available: _____

By signing, I hereby certify I will follow the Hays County Itinerary above. If any of the above changes, I will update Hays County Development Services

Signature: _____

Date: _____