

Tarrant County Public Health  
 Environmental Health Division  
 1101 S. Main St. Rm 2300  
 Fort Worth, Texas 76104  
 (817) 321-4960



New Unit  
 Change of Address

## MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

<b>Vehicle Information</b>							Area		Phone		
Establishment Name											
<b>Vehicle # and License Tag #</b> <i>list all vehicle number and tag numbers below</i>											
1.		2.		3.		4.		5.			
<b>*** Please note that these three (3) items must be submitted with this application.</b>				*1. Food Manager Certification		*2. Commissary Agreement		*3. Commissary Permit			
				[ ] Attached / Exp. Date		[ ] Attached		[ ] Attached			
<b>Commissary Information</b>							Area		Phone		
Name of Commissary											
Address											
City							State		Zip		
Email (to be utilized for receipt of official inspection reports and notices)											
<b>Owner Information</b>							Area		Phone		
Name: (Legal Name of Business Ownership)											
Address:											
City							State		Zip		
<b>Billing Information</b> <i>choose [ ] Site Address [ ] Owner Address</i>							Area		Phone		
C/O											
Address											
City							State		Zip		
<b>Operation Type</b> <i>choose one that best describes your base operation</i>											
[ ] Prepackaged Products			[ ] Open Preparation			[ ] Push Cart					
Applicant's Name <i>Printed</i>				Signature				Title			
								[ ] Owner			
X				X				[ ] Authorized Agent			
<b>DO NOT WRITE BELOW THIS LINE</b>											
Fee Exempt [ ]			Fee:		Effective Date:			Site #:			
Sanitarian											

**DO NOT WRITE BELOW THIS LINE**

Comments


**Fee Schedule & Worksheet**

<b>Operation Type</b>		<b>Fee / Unit</b>	<b>Units</b>	<b>X</b>	<b>Fee / Unit</b>	<b>Fee Sub-Total</b>
[ ] Prepackaged		100		X	100 =	
[ ] Open Preparation		200		X	200 =	
[ ] Push Cart		200		X	200 =	
<b>Other Fees</b>						
[ ]						
					<b>Total</b>	

# Commissary Agreement

I agree to report to the commissary facility listed below each operational day for all cleaning and service operations, including filling water tanks disposal of wastewater, cleaning of equipment and utensils, and storage of supplies. I further agree to obtain all supplies from an approved source. This commissary facility meets all criteria for a commissary as described in the current Texas Food Establishment Rules, § 229.169 (b & c).

Failure to abide by this agreement may result in legal action being taken to revoke your permit to operate this Mobile Food Unit, Pushcart or Temporary food Establishment.

## DOING BUSINESS AS

(Legal Name of Business): \_\_\_\_\_

## OWNER

(Owner of the Mobile Food Unit or Pushcart):

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Month / Date / Year

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I agree to provide commissary services for the above mobile food unit, pushcart or temporary food establishment. My commissary facility meets all commissary criteria outlined in the Texas Food Establishment Rules, § 229.169 (b & c).

## BUSINESS NAME

(Name of commissary): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

TITLE: [ ] Owner or [ ] Authorized Agent  
Month / Date / Year

# Mobile Renewals

Mobile vehicles must be inspected before permit will be renewed or issued. Inspections are at this location:

Dr. Marion J. Brooks Building  
Tarrant County Public Health  
1101 S. Main Street, Room 2300  
Fort Worth, TX 76104  
***(NO HOOKUPS AVAILABLE)***

*Inspections are held Monday through Friday  
8 - 9 a.m. (none on holidays)*

Mobile vendors who do not own their own commissary must submit a letter on company letterhead from that commissary stating they are approved to use that facility at that location as their commissary.

A copy of the commissary permit is also required. This must be submitted every year.

*Payment is due by your expiration date otherwise a late fee of 10%-30% will apply the 11<sup>th</sup> of each month.*

Manager certification is required and additional employees must have food handler card/certificates.