

Mobile Food Unit Checklist



TARRANT COUNTY PUBLIC HEALTH
ENVIRONMENTAL HEALTH
2500 Circle Dr. Fort Worth TX, 76119
817-248-6299

ALL MOBILE FOOD UNIT PAPERWORK VERIFICATION & PERMITTING INSPECTIONS BY APPOINTMENT ONLY.

- Permits issued by Tarrant County Public Health are for the purposes of providing approval of meeting health food code requirements allowing your business to offer food for public consumption. This approval is not to be mistaken for authorization to operate in any one city jurisdiction within Tarrant County. Contact the specific city your business is operating within for any additional requirements prior to operation.
- Completed Application (Including copy of Texas Sales Tax & Use Permit)
- Completed Commissary Certification Form
- Completed Commissary Agreement
- Copy of Commissary Food Service Permit
- Copy of Commissary Last Inspection Report
- Vehicle has Current/Valid Registration Tags and License Plate on Unit
- Food Manager Certification Copy
 - One per unit required
 - Not required for Snow Cone only units
- Menu
- Completed Location & Operating Hours Form
- Independent and Operational Power Source (e.g. Generator)

MOBILE FOOD UNIT OPERATOR MUST ENSURE

- No home prepared foods or food storage at a home residence
- Public Restrooms pre-identified and easily accessible for employees
- Food Handler Certifications
 - All employees except Certified Food Manager

No Permit Required for:

1. Commercial prepackaged non-TCS items
2. Commercial prepackaged hard frozen ice cream

Mobile Food Unit Application



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Application Date: _____

Vehicle Information

Name of Mobile Food Unit (as appears on unit/DBA) _____

Contact Phone Number _____ License Plate # _____

Texas sales and use tax permit number _____

Mobile Food Unit Type: Choose one that best fits your operation

- Prepackaged Food (Example: prepackaged food items hot or cold)
- Open Food Preparation (Example: snow cone, open food dispensed, food cook to serve)
- Open Food Push Cart (Example: Hot dogs)

Application and fee are only valid for 180 days from initial submittal/inspection, a mobile food unit that fails to pass inspection in that time period must resubmit application and new fee.

Owner Information

Legal Name of Business Owner _____

Phone Number _____ Address _____

City _____ State _____ ZIP Code _____

Email _____

Applicant Information

- Owner
- Responsible Party

Applicant Name (print) _____ Applicant Signature _____

FOR OFFICE USE ONLY - Check each box if submitted with application

- | | | |
|--|--|--|
| <input type="checkbox"/> Texas Sales Tax ID | <input type="checkbox"/> Commissary Certification | <input type="checkbox"/> Days |
| <input type="checkbox"/> Commissary Agreement | <input type="checkbox"/> Food Manager Certification | <input type="checkbox"/> Locations (If applicable) |
| <input type="checkbox"/> Commissary Permit | <input type="checkbox"/> Food Handler Certifications | <input type="checkbox"/> Menu |
| <input type="checkbox"/> Commissary Most Recent Inspection | <input type="checkbox"/> Hours | <input type="checkbox"/> License Plate |

Mobile Food Unit Fee

- Prepackaged Food: \$400
- Open Preparation: \$600
- Push Cart: \$600

Site # _____ Effective Date _____

Commissary Certification



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***MUST BE COMPLETED BY COMMISSARY HEALTH AUTHORITY**

Any vendor that applies for a Tarrant County Public Health Mobile Food Unit Permit will be required to use a permitted commissary and must submit this form along with all required paperwork.

Please check one: Permitted with Tarrant County Not Permitted with Tarrant County

Commissary Name

Commissary / Food Establishment Owner or Responsible Party

Commissary / Food Establishment Address

Commissary / Food Establishment Permit Number

Commissary / Food Establishment Permit Expiration

I certify that the permitted establishment listed above meets the minimum requirements of this jurisdiction to handle the required commissary needs of a Mobile Food Unit, cleaning and service operations, including filling water tanks disposal of wastewater, cleaning of equipment and utensils, and storage of supplies. This commissary facility meets all criteria for a commissary (central preparation facility/servicing area) as described in the current Texas Administrative Code, Title 25, Chapter 228.

APPROVED **NOT APPROVED**

Name of Health Authority or Designee (Print)

Name of Health Jurisdiction

Health Authority or Designee (Signature)

Contact Phone / Email

Commissary Agreement



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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, storage of supplies and food. I further agree to obtain all supplies and food from an approved source. This commissary facility meets all criteria for a commissary as described in the current Texas Administrative Code, Title 25, Chapter 228.

MOBILE FOOD UNIT DOING BUSINESS AS

(Legal Name of Business): _____

OWNER (Owner of the Mobile Food Unit or Push Cart):

NAME: _____

SIGNATURE: _____ **DATE:** _____

I agree to provide commissary services for the above mobile food unit. My commissary facility meets all commissary criteria outlined in the current Texas Administrative Code, Title 25, Chapter 228.

BUSINESS NAME

(Name of Commissary): _____

PERMIT NUMBER: _____

BILLING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE NUMBER: _____ **EMAIL:** _____

NAME: _____ **SIGNATURE:** _____

TITLE: Owner or Responsible Party

Location(s) & Menu



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Any changes to menu or operational locations must be submitted to our office.

Name of Mobile Food Unit: _____ License Plate # _____

OPEN FOOD PUSH CART PREPACKAGED

List all locations (addresses) where the Mobile Food Unit will operate for more than 1 hour:

ADDRESS (ex: 1101 S. Main, Fort Worth) **DAYS** (ex: M, T, W, Th, F, Sa, Su) **HOURS** (ex: 1 p.m. - 2 p.m.)

Location 1: _____ Days of operation: _____ Hours at location: _____

Location 2: _____ Days of operation: _____ Hours at location: _____

Location 3: _____ Days of operation: _____ Hours at location: _____

Location 4: _____ Days of operation: _____ Hours at location: _____

Any other locations where you will operate more than 1 hour, only provide the street number, street name and city here:

MENU-- Provide all menu items below or attach a menu for review.

TYPES OF MENU ITEMS (Ex. Tacos, Hamburgers, Loaded French Fries, Hot Dogs, Barbecue, etc.)

PROTEINS (Ex. Beef, Ground Beef, Brisket, Chicken, Wings, Pork, Bacon, Fish, Shrimp, etc.)

FRUITS & VEGETABLES (Ex. Chopped Lettuce, Cabbage, Diced Tomatoes, Cut Melon, etc.)

BREADS & GRAINS (Ex. Tortillas, Hamburger Buns, Rice, Quinoa, etc.)

CONDIMENTS & SAUCES (Ex. Sour Cream, Salsa, Mayonnaise, Butter, etc.)

Mobile Food Unit Minimum Requirements



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A Mobile Food Unit is required to follow all criteria for a Mobile Food Unit as described in the current Texas Administrative Code, Title 25, Chapter 228. The following are commonly observed not in compliance that may prevent the unit from being permitted.

- 15 Gallon minimum potable water under pressure, hot and cold water provided and labeled (inlet 3/4" or less used for no other purpose, pumps and hoses prevented from backflow)
 - **Push Carts only:** 5 Gallon minimum potable water tank
- Liquid waste tank 15% greater than potable water tank and labeled
 - Tank must be sloped to drain 1" diameter or greater with shut off valve
- Hand sink with hot and cold water
 - Including soap and paper towels for hand washing
 - Hot water must reach a minimum of 100°F at hand sink
- Three-compartment sink with drainage board or rack with hot and cold water
 - Hot water must reach minimum of 110°F at three compartment sink
- Food contact and non-food contact surfaces cleanable, smooth, durable and non-absorbent including walls, floors, ceiling
- Refrigeration able to maintain 41°F or lower
- Hot holding units able to maintain 135°F or above
- Pass thru window, doors and other openings protected from pest entry
- All chemicals & cleaning supplies must be approved for food service usage. Must be stored properly & labeled with appropriate test strips for sanitizers
- Lighting shall be shielded and provide adequate illumination
- Food, food containers, and serving articles stored properly
- Thermometers in cold food storage areas
- Stem thermometer (0°- 220°F), not required for Snow Cone vendors with no TCS foods
- Covered trash receptacle must be provided for use by public
- Single-service articles properly stored