



# Checklist for Mobile Food Application

Food and Health Safety Division \* 401 N. Elm St. Denton, TX 76201 \* 940-349-8360 \* 940-349-7208 Fax

Provide proof of the following when applying for a Mobile Food Establishment permit in the City of Denton. If any of the items below are missing from your application packet, your permit may not be issued.

- Proof of Texas Sales and Use Tax Permit
- Itinerary of your Route. This itinerary shall include all locations where sales will occur. Your itinerary shall be updated when your route changes. Changes in your route may be submitted via email or fax to the Food and Health Safety Division.
- Permission to use Restrooms agreement. If you choose to be at one location for more than one hour, a written agreement from the location owner shall be submitted to the Food and Health Safety Division. Use of the Restroom agreement is proof that you have permission to use the property owner's restroom. The restroom shall be located within 500 feet of the mobile food establishment, shall have flushable toilets, hot water, and be accessible during all hours of operation. A copy of this agreement shall also be kept in the unit.
- Commissary Service Verification Agreement. This agreement shows that your mobile food establishment is affiliated with an approved commissary. The commissary shall be your base of operation.
- Type I Hood Inspection. If your cooking produces grease or smoke, you are required to have a Type I hood and you will be required to have an approval from the Fire Inspections Unit prior to Food and Health Safety Division approval. Contact the Fire Inspections Unit at 940-349-8355. A Type I hood is required over griddles, fryers, broilers, ovens, ranges, and wok ranges.
- Current Vehicle License Plate and Registration
- Adequate Potable & Wastewater Capacities. Wastewater tank shall be sized with a minimum capacity of 15% larger than potable water tank's capacity.
- Water Tank Security. All tanks shall be permanently mounted
- Wastewater Tank Clean-Out Valve. Clean-out valve shall be located on the exterior of unit; diameter of clean out shall be 1" in diameter or larger and may not be the same size as potable water fill up valve; clean-out valve shall be located at height below clean water fill up valve.
- Hand Washing Sink. A hand wash sink that is conveniently located with hot and cold water under pressure, liquid soap, and paper towels.
- Ware Wash Sink. A 3-compartment ware wash sink with hot and cold water under pressure, a fill faucet able to reach all compartments, each compartment shall be capable of holding water, and each compartment shall be large enough to fully submerge all food contact wares that require regular washing.



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The following food service requirements shall be met before your application for a mobile food establishment permit may be approved:

- Pre-packaged food shall be labeled according to Texas Food Manufacturer's regulations.
- All food shall come from an approved source. Home preparation or home storage of food is PROHIBITED.
- Post business name on each side of vehicle with a minimum of 4-inch letters.
- Refrigeration units shall maintain cold food at 41 degrees or below.
- Hot holds shall maintain a food temperature at 135 degrees or above.
- Provide working thermometers in refrigeration units and in hot hold units
- Provide hot and cold running water
- Provide a three compartment sink
- Provide a hand washing sink
- Provide a retention tank with cap
- Provide an approval from the Fire Marshal's office for any type I hood.
- All food and non-food contact surfaces shall be clean and in good repair.
- Vehicle shall not be permitted to be stored at home.

The following paperwork is required and is to be submitted to the Food and Health Safety Division before a mobile health permit will be issued:

- Valid Texas Driver's License
- Proof of vehicle insurance
- Manufacturer Permit of Commissary (State Permit to manufacture food)
- Commissary Approval Letter
- Certified Food protection Manager Card
- A copy of the latest inspection of the commissary where food is purchased.

All new mobile establishment vendor applicants and those who need a vehicle inspection shall contact the City of Denton Food and Health Safety Division at (940) 349-8341 or (940) 349-8346.

\*\*In addition to the City of Denton requirements, refer to the Texas Food Establishment Rules (TFER) for their requirements regarding Mobile Food Establishments at <http://www.dshs.state.tx.us/foodestablishments/rules.shtm>

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# Mobile Food Establishment Route Itinerary

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 Mobile Food Establishment

Date:	Unit #:
Name of Business:	Vehicle License #:
Owner:	Health Permit #:

**Route List-** The Denton City Code requires, in part, that “prior to the issuance of any initial or renewal permit, the operator of a mobile food unit shall submit to the department a list of locations where the mobile food unit will be in operation. The operator shall also give written notice at least two business days prior to beginning operations at or relocating operations to any location not currently included on the list of active locations submitted to the department.”

**Please complete box below before submitting your application for a permit.**

Location/ Address/ Zip Code	Days of Operation	Hours

**STANDARD OPERATING PROCEDURES:**

This unit’s potable water tank will be drained, flushed, and re-filled; the wastewater tank will be drained and flushed; and the unit will be cleaned, on the following days and at the following times: (Food units in operation shall carry valid servicing tickets for service that has occurred within the last 24 hours.)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Name Owner/representative \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

City Planner: \_\_\_\_\_ Date: \_\_\_\_\_ Approval: Yes No

Notes: \_\_\_\_\_



# Commissary Service Verification

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It is required that a Mobile Food Establishment be based from an approved commissary (central preparation facility). The commissary is an essential part of a mobile unit's operation and shall have facilities for supply storage, equipment cleaning, food preparation, grease dumping, and other servicing activities. Each commissary shall have a current health permit provided by the authority having jurisdiction of the commissary's location. A copy of your commissary's current health permit shall be provided before a mobile food establishment permit will be issued.

**Primary Commissary Info:** Name of Commissary: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

Email: \_\_\_\_\_

Do other mobile food cart/ vehicle vendors use this commissary?  Yes  No, If "Yes", how many? \_\_\_\_\_

Indicate which of the following services will be allowed for use at this commissary:

- 3-Compartment Sink\*
  - Hand Wash Sink\*
  - Food Prep Sink
  - Commercial Refrigeration Space
  - Dry Storage Space
  - Freezer Space
  - Restroom Access\*
  - Ice Machine
  - Key Accessibility to Commissary (if necessary)\*
  - Cooking Equipment
  - Preparation Table/ Equipment
  - Mop Sink\*
  - Grease Trap\* Size \_\_\_\_\_ Lbs./ Gallons
  - Off Street Parking for trucks/trailers
  - Other: \_\_\_\_\_
- \*Minimum required access*

\_\_\_\_\_  
(Commissary Owner/Agent- Print Name and Title) (Mobile/ Vendor- Print Name and Title)

\_\_\_\_\_  
(Commissary Owner/ Agent- Signature & Date) (Mobile/Vendor- Signature & Date)

**Secondary Commissary Info:** Name of Commissary: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

Email: \_\_\_\_\_

Do other mobile food cart/ vehicle vendors use this commissary?  Yes  No, If "Yes", how many? \_\_\_\_\_

Indicate which of the following services will be allowed for use at this commissary:

- 3-Compartment Sink\*
  - Hand Wash Sink\*
  - Food Prep Sink
  - Commercial Refrigeration Space
  - Dry Storage Space
  - Freezer Space
  - Restroom Access\*
  - Ice Machine
  - Key Accessibility to Commissary (if necessary)\*
  - Cooking Equipment
  - Preparation Table/ Equipment
  - Mop Sink\*
  - Grease Trap\* Size \_\_\_\_\_ Lbs./ Gallons
  - Off Street Parking for trucks/trailers
  - Other: \_\_\_\_\_
- \*Minimum required access*

\_\_\_\_\_  
(Commissary Owner/Agent- Print Name and Title) (Mobile/ Vendor- Print Name and Title)

\_\_\_\_\_  
(Commissary Owner/ Agent- Signature & Date) (Mobile/Vendor- Signature & Date)

This agreement between the owner of the commissary and the owner of the mobile food establishment operation signifies that both parties agree to the allowed use of the commissary specified.



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Third Commissary Info: Name of Commissary: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
Business Hours of Operation: \_\_\_\_\_
Email: \_\_\_\_\_

Do other mobile food cart/ vehicle vendors use this commissary? [ ] Yes [ ] No, If "Yes", how many? \_\_\_\_\_

Indicate which of the following services will be allowed for use at this commissary:

- [ ] 3-Compartment Sink\* [ ] Key Accessibility to Commissary (if necessary)\*
[ ] Hand Wash Sink\* [ ] Cooking Equipment
[ ] Food Prep Sink [ ] Preparation Table/ Equipment
[ ] Commercial Refrigeration Space [ ] Mop Sink\*
[ ] Dry Storage Space [ ] Grease Trap\* Size \_\_\_\_\_ Lbs./ Gallons
[ ] Freezer Space [ ] Off Street Parking for trucks/trailers
[ ] Restroom Access\* [ ] Other: \_\_\_\_\_
[ ] Ice Machine \*Minimum required access

(Commissary Owner/Agent- Print Name and Title) (Mobile/ Vendor- Print Name and Title)

(Commissary Owner/ Agent- Signature & Date) (Mobile/Vendor- Signature & Date)

Fourth Commissary Info: Name of Commissary: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_
Business Hours of Operation: \_\_\_\_\_
Email: \_\_\_\_\_

Do other mobile food cart/ vehicle vendors use this commissary? [ ] Yes [ ] No, If "Yes", how many? \_\_\_\_\_

Indicate which of the following services will be allowed for use at this commissary:

- [ ] 3-Compartment Sink\* [ ] Key Accessibility to Commissary (if necessary)\*
[ ] Hand Wash Sink\* [ ] Cooking Equipment
[ ] Food Prep Sink [ ] Preparation Table/ Equipment
[ ] Commercial Refrigeration Space [ ] Mop Sink\*
[ ] Dry Storage Space [ ] Grease Trap\* Size \_\_\_\_\_ Lbs./ Gallons
[ ] Freezer Space [ ] Off Street Parking for trucks/trailers
[ ] Restroom Access\* [ ] Other: \_\_\_\_\_
[ ] Ice Machine \*Minimum required access

(Commissary Owner/Agent- Print Name and Title) (Mobile/ Vendor- Print Name and Title)

(Commissary Owner/ Agent- Signature & Date) (Mobile/Vendor- Signature & Date)



# Mobile Food Establishment Menu Disclosure

Mobile Food Establishment: Name of Business: \_\_\_\_\_  
 Owner/ Operator: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Days/ Time at Commissary: \_\_\_\_\_  
 Emails: \_\_\_\_\_

Note: This agreement is non-transferable and shall be completed each time your health permit is renewed. Should there be a change in the ownership of either the commissary or the mobile food unit, or should there be any modification or cancelation of this agreement between parties, the Food and Health Safety inspector shall be notified or your City of Denton Mobile Food Establishment Permit may be suspended.

This agreement between the owner of the commissary and the owner of the mobile food establishment operation signifies that both parties agree to the allowed use of the commissary specified.

For new mobile food establishment units & units changing ownership, fill out before inspection

Business Name/Negocio:	Unit # (Inspector Only):
Mailing address/Direcion:	Phone #:

1. List names and addresses of businesses or suppliers where you buy your food/ supplies.  
 Anote los nombres y direcciones de cada tienda donde compra sus alimentos y productos.

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2. List all food supplies/ingredients you will have on your vehicle to prepare menu items.  
 Anote todos los alimentos e ingredients que va a tener en su vehiculo para preparar los platos en su menu.

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3. How and where will you store supplies? (All supplies shall be on your vehicle or at the commissary).  
 Donde va a almacenar los abastos? (Hay que estar en su vehiculo o en la comisaria).

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4. How will you keep your cold food at the required 41 degrees F or colder? Como va a asegurar que los abastos frios se quedan a los 41 grados o mas frio?

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5. List below all products and menu items to be served. Do not list foods obtained and sole in manufacturer's unopened packages unless they require refrigeration. Also, list steps pf preparation, including final cooking cooking temperatures of meats; thawing and cooling methods; equipment and utensils used; hot-holding equipment and temperatures.

Identifica abajo cada product o plato que va servir. También anote los pasos de preparación, incluso de las temperaturas finales de las carnes cocinadas, los métodos de descongelamiento, el equipo/utensilios que vas a utilizar, y los métodos de mantener la comida fria o caliente hasta que se la sirve.

Food Menu item/ Menu Alimentos	How Prepared/ Como Preparara	Inspector's Notes/ Para el Inspector

Owner. Representative's name/ nombre

Signature/ Firma

Date/Fetcha



# Use of Restroom Agreement

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The Mobile Food Establishment (vehicle/trailer) owner or operator shall ensure that approved toilet facilities are available for employees. When a mobile food establishment is preparing and selling food in one location for longer than one hour, an accessible restroom facility shall be located within five hundred feet of the food service. The restroom shall have adequate hot water for hand washing and be fully plumbed to city water and sewer or to an approved septic system- porta potties, sanicans, Honey Buckets. Etc. are not approved. Provide documentation (map/site drawings) noting the exact location of the available restroom. The Mobile Food Establishment Permit approval is contingent upon thorough documentation of the availability of restrooms.

Indicate which of the following is available at the restroom location:

- Hot water and hand-wash sink(s) at or above 100° F
- Hand washing cleanser:  Liquid  Powder
- Hand Drying provision  Disposable Towels
- Required sign or poster which notifies food employees to “wash their hands” clearly visible
- Key accessibility to restroom (if applicable)
- Distance from food service to restroom (in feet): \_\_\_\_\_
- Food Service hours of operation at this location: \_\_\_\_\_

Restroom Accessibility Information: Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Hours of Operation: \_\_\_\_\_

Email: \_\_\_\_\_

What retail/service activity takes place at this facility? \_\_\_\_\_

Mobile Unit/Vendor Information: Name of Business: \_\_\_\_\_

Owner/Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Days/Time at Restroom: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
(Restroom Owner/Agent- Printed Name & Title)

\_\_\_\_\_  
(Mobile/Vendor- Printed Name & Title)

\_\_\_\_\_  
(Restroom Owner/Agent- Signature & Date)

\_\_\_\_\_  
(Mobile/Vendor- Signature & Date)

Known to me to be the person whose name is subscribed to the above and foregoing instrument and acknowledged to me that they executed the same for the purposes and consideration expressed in the capacity therein stated. Given under my hand and seal of office on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

This agreement between the owner/agent of the restroom and the owner or vendor of the mobile food establishment signifies that both parties agree to the allowed use of the restroom facilities as specified.

\_\_\_\_\_  
Notary Public Signature

(SEAL)

Note: This agreement is non-transferable and shall be completed each time your health permit is renewed. Should there be a change in the ownership of either the restroom or the mobile food unit or should there be any modification or cancelation of this agreement between parties, the Food and Health Safety Inspectors shall be notified, or your City of Denton Mobile Food Permit may be suspended.





# Mobile Food Unit Guidelines



This guide is to help ensure your mobile food unit is compliant with the Denton Fire Department's current safety regulations. This guide should serve as an initial planning tool for compliance. It does not remove the responsibility of the owner to comply with all laws applicable to the mobile food unit. Questions related to mobile food unit requirements can be directed to the Fire Prevention Section at (940) 3149-8355.

## FIRE EXTINGUISHERS

- All vendors are required to have at least one fire extinguisher with a minimum rating of 2A:10B:C with a current inspection/service tag from a licensed fire extinguisher company. The fire extinguisher shall be visible and unobstructed.
- Cooking Equipment involving vegetable or animal oils and fats shall be protected by a Class K rated portable extinguisher. The fire extinguisher shall have a current inspection/service tag from a licensed fire extinguisher company.

## FIRE EXTINGUISHER SYSTEMS

- A Type 1 hood shall be installed at or above all commercial cooking appliances used for commercial purposes that produce grease vapors. A Type 1 hood system shall be equipped with an automatic fire extinguishing system. The fire extinguisher system shall have a current inspection/service tag from a licensed fire extinguisher company.
- Examples of cooking appliances that require a Type I Hood with Fire Extinguishing System are: including but not limited to Griddles, fryers, tilted skillets or woks, braising or frying pans, char broilers.

## COMPRESSED GAS/ LPG

- Cylinders shall be properly secured by one or more restraints.
- Minimum of 10 foot clearance from any trash or combustible materials.
- Cylinders shall not be kept in passenger area or vehicle.
- Cylinders shall be kept away from open flames, generators or other sources of ignition.

## GENERATORS

- Portable generators shall be located no less than 25 feet from combustibles or public areas.
- Refueling shall be conducted when event is open and operating.
- Generator shall be in safe working condition according to manufacturer's requirements.

## ELECTRICAL/EXTENSION CORDS

- Extension cords and flexible cords shall not be a substitute for permanent wiring.
- Extension cords and flexible cords shall not be affixed to structures, extended through walls, ceilings or floors, or under doors or floor coverings, nor shall such cords be subject to environmental damage or physical impact.
- Extension cords shall be used only with portable appliances.
- Extension cords shall be properly rated for use according to manufacturer's requirements.

## VEHICLE/TRAILER LOCATION

- The placement of the concession operation shall not interfere with any fire lane, fire break, fire hydrant or exit access of any structures.
- Vehicle/Trailer shall be located to allow for adequate emergency vehicle access.

## GENERAL FIRE SAFETY

- Accumulation of combustible rubbish shall not produce conditions that will create a nuisance or a hazard to the public health, safety or welfare.
- Clearance between ignition/heat sources and combustible materials shall be maintained in an approved manner.
- Only approved containers and portable tanks shall be used for flammable and combustible liquids .
- Flammable and combustible liquids shall be separated from combustible materials and ignition/heat sources by at least 10 feet.