

MOBILE FOOD UNIT CHECKLIST

ALL MOBILE FOOD UNIT PAPERWORK VERIFICATION & PERMITTING INSPECTIONS BY APPOINTMENT ONLY STARTING SEPTEMBER 1, 2023.
□ 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 Registration Tags & 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
□ Power Source (e.g. Generator)
Mobile Food Unit Operator Must Ensure
□ No home prepared foods or food storage at a home residence
□ Public Restroom pre-identified and easily accessible for employees
□ Food Handler Certifications
 All employees except Certified Food Manger

No Permit Required for

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



MOBILE FOOD UNIT APPLICATION

			Appl	ication Date	
Vehicle Information					
Name Of Mobile Food Unit	(as appears on unit/ DBA)			
Contact Phone Number					
Texas sales and use tax po	ermit number				
Mobile Food Unit Type - C	hoose one that best fits yo	ur operation			
] Prepackaged Food (Exa	ample: pre-wrapped food i	tems 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 onloass inspection in that time	•		•	oile food unit that	: fails to
Owner Information					
_egal Name of Business O	wnership	Phone Number			
Address	Cit	у	State	Zip	
Email					
Mailing Information					
Care of			Phone Num	ber	
Address	Cit	У	State	Zip	
Applicant Information					
Owner []Respons	ible Party				
Applicant name (Print)		Applicant Signature			
FOR OFFICE USE ONLY (check each box if submitted with application) Texas Sales Tax ID [] Commissary Agreement [] Commissary Permit [] Commissary Most Recent Inspection [] Commissary Certification [] Food Manager Certification [] Food Handler Certifications [] Hours [] Days [] Locations (If applicable) [] Menu [] License Plate []					
Mobile Food Unit Fee Prepackaged food - \$400	[] Open Preparation - \$600	[] Push cart	- \$600		
Site # Effect		(D	a.		
	Tarrant C	ounty Public Heal	th		

5001 N Riverside Dr, Fort Worth, TX 76137 817-248-6299

Commissary Certification

*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 Not Permitted with Tarrant County [] 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 [] Public Health NOT APPROVED [] Name of Health Authority or Designee (Print) Name of Health Jurisdiction

Contact Phone / email

Health Authority or Designee (Signature)

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, 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 Pushcart):
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

(Any changes to menu or operation)	ational locations must be submit	tted to our office)	
Name of Mobile Food Unit:		LICENSE PLATE#	
OPEN FOOD [] PUSH CART	[] PREPACKAGED[]		
List all locations(addresses) wl	here the Mobile Food Unit will op	perate for more than 1 hour:	
ADDRESS	DAYS	HOURS	
(ex: 1101 S Main Fort Worth)	(M, T, W, Th, F, Sa, Su)	(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 wi	ll generally operate more than 1 ho	our, please only provide the street numbe	
street name and city here.			
	COUNT.		
MENU Provide all menu items	s below or attach a menu for rev	iew.	
TYPES OF MENU ITEMS (Ex: Ta	acos, Hamburgers, Loaded Fren	ch Fries, Hot Dogs, Barbecue etc.)	
		15:1	
	1: - 1 3 3 3 3 3	1 6 :1	
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PROTEINS (Ex: Beef, Ground E	Beef, Brisket, Chicken, Wings, Po	ork, Bacon, Fish, Shrimp, etc.)	
	· + · T	°/	

FRUITS & VEGETABLES (Ex: C	hopped Lettuce, Cabbage, Dice	d Tomatoes, Cut Melons, etc.)	
,	Public Me a	aitn '	
BREADS & GRAINS (Ex: Tortill	as, Hamburger Buns, Rice, Quin	oa, etc.)	
CONDIMENTS & SAUCES (Ex:	Sour Cream, Salsa, Mayonnaise	, Butter, etc.)	
	1		

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MOBILE FOOD UNIT MINIMUM REQUIREMENTS

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)
 - Pushcarts only: 5 Gallon minimum potable water tank
- Liquid waste tank 15% greater than potable water tank and labeled
 - o 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 nonabsorbent 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

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