



Application Procedures – Mobile Food Unit

Listed below are the procedures necessary for obtaining a current permit. Please read carefully, as your permit will not be issued unless all requirements are met. All Mobile Food Unit permits expire on December 31st of each year and must be renewed before that date.

To obtain your mobile unit permit:

1. Fill out the attached application accurately and completely.
2. If required, fill out commissary agreement completely.
3. If your commissary is outside of Williamson County, we need a copy of the current health permit for the commissary or signed approval from the health authority in the county or city in which the commissary is located.
4. If you have more than one truck, they must all be brought in to our main office for inspection. They must be fully operational for the purpose of an inspection.
 - Cooling units must hold foods at 40° F
 - Warming units must hold foods at 135° F
 - Thermometers must be located in all cooling and heating units
 - Hot and cold running water must be supplied at all sinks
 - Soap and towel dispensers must be available and filled at hand sink
 - Sanitizer for cleaning food prep surfaces and washing utensils must be present
5. All employees must have current Food Handler Cards. The fee for the card is \$10.00 for the first time, one year card and \$15.00 to renew for a 2 year card. A food protection manager's certification from the state is accepted instead of the food handlers card. The certificate must be presented at our office and a \$10 transfer fee paid. A WCCHD food handler card must be posted on the mobile unit.

Bring all the completed, applicable forms with the appropriate fees and the units to be permitted to our office at 211 Commerce Blvd., Ste. 111, Round Rock., Monday - Friday, 8:00 - 9:00 AM or 3:30 – 4:30 PM.

COMMISSARY RESPONSIBILITIES AND AGREEMENT

1. The commissary will allow mobile food vendor to bring the unit to the establishment for cleaning and servicing on a daily basis.
2. The commissary will allow all food to be stored and prepared at the commissary.
3. The commissary will allow storage of all equipment and supplies for the mobile food vendor.

In addition to the following signed agreement, the mobile food vendor must supply this office (WCCHD) a copy of the last inspection report or a certification from the regulatory agency of that county.

(PLEASE PRINT)

I, _____, have read and
(Owner of Commissary)

understand the items of responsibility listed above and agree to comply with all of the requirements. I give permission to _____, to
(Name of Mobile Food Vendor)

use my establishment, _____
(Name of Commissary / Establishment)

located at _____,
(Address of Commissary / Establishment)

in _____ County, as a commissary for the mobile food vending unit. I understand that any health violation of this mobile food unit may result in and include a health inspection of this establishment.

Signature of commissary owner or manager

Date

If the commissary is located outside of the Williamson County and Cities Health District's jurisdiction, the Health Authority who regulates the establishment / commissary must complete the following certification:

I certify that the above establishment is currently approved to operate as a food Establishment under our jurisdiction and currently meets the requirements for commissaries of mobile food units as established in the "Texas Food Establishment Rules" adopted by the Texas Department of Health on March 15, 2006.

Signature of Health Agent

Date

Jurisdiction / Agency

OR

PROVIDE A CURRENT COPY OF THE COMMISSARY PERMIT OR A COPY OF THE COMMISSARY'S LATEST INSPECTION.

MOBILE FOOD UNIT PERMIT APPLICATION

OWNERS/OPERATORS: a mobile food unit must return to the commissary on a daily basis. The commissary must be an approved, currently permitted, routinely inspected facility. You must bring your unit to 211 Commerce Blvd., Round Rock, for inspection every year.

FEE DUE: \$150.00 for first unit - \$100.00 each for additional unit(s)

NAME OF UNIT: _____ PERMIT #: _____

NAME OF OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

CITY: _____ ZIP: _____

TOTAL NUMBER OF VEHICLES (limit 3 per permit): _____

MAKE	MODEL	YEAR	COLOR	LICENSE

NAME OF COMMISSARY: _____ PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Employees must possess a current food handler card within 21 days of employment.

Applicants Signature _____
Date

----- OFFICE USE ONLY -----

DATE PAID _____ **RECEIPT #** _____ **CHECK #** _____ **CASH** _____