



City of Lake Jackson

25 Oak Drive
Lake Jackson, TX 77566
(979) 415-2430
www.lakejackson-tx.gov

Mobile Food Unit Application

Permit Fee: \$135.00

Application Fee: \$50.00

Permit #:

Approved By:

Mobile Food Unit Name:

Mailing Address:

Phone #:

DL #:

Date of Birth:

Submit the following information with the Application:

\$135.00 Annual Fee – (to be renewed by March 31 each year)

Copy of Commissary License (if applicable)

Notarized letter from Licensed Commissary/Central Preparation Facility

Notarized letter from Property Owner allowing Mobile Food Unit to Operate on Private

Notarized Restroom Availability letter

Copy of Certified Food Manager Certificate (must have a Certified Food Manager on staff - per City Ordinance 22-2256)

Copy of Menu

Copy of Site Plan (if mobile food vendor wants to set up on private property)

Please answer the following questions:

Check One

- | | | | |
|---|-----|----|-----|
| 1. Do you operate from a licensed commissary? | Yes | No | N/A |
| 2. If #1 is yes, where is the commissary located? | | | |
| 3. Where is the water service supplied from? | | | |
| 4. Will potentially hazardous foods be served? | Yes | No | N/A |

Owner of Mobile Food Unit:

Name:

Title:

Address:

Phone #:

Mailing Address:

Email:

Fax #:

Please print – email will be used for informational purposes only. You will not receive spam emails from the City of Lake Jackson.

Person Directly Responsible for the Mobile Food Unit: (Manager, etc.)

Name:

Title:

Address:

Phone #:

Mailing Address:

Email:

Fax #:

Please print – email will be used for informational purposes only. You will not receive spam emails from the City of Lake Jackson.

The information provided on this application is accurate. This establishment agrees to comply with the Codes adopted by the City of Lake Jackson and is aware of the right to access to the Regulatory Authority as specified within the Health Codes.

Date

Signature

Mobile Food Establishment Checklist

This checklist provides a list of requirements necessary for the approval of a Mobile Food Unit in the City of Lake Jackson, Texas. Critical items are printed at the top of the checklist. Mobile Food Unit equipment and criteria may vary depending on the type of operation. Refer to the Texas Food Establishment Rules (TFER) for complete information regarding the requirements. The TFER can be found on the Texas Department of State Health Services website at the following web site: www.dshs.state.tx.us/foode establishments

1. Please reference Lake Jackson Code of Ordinance Chapter 50 Health and Sanitation *
2. Liquid waste retention tank is provided, and capacity is at least 15% larger than the potable water storage tank.
3. Potable water from an approved source.
4. Hot and cold running water under pressure is provided to sinks.
5. Handwash sink is provided and is conveniently located and accessible.
6. Soap, paper towels, detergent and sanitizing chemicals are provided.
7. Three-compartment sink is provided.
8. Equipment for hot and cold holding, adequate to maintain potentially hazardous food at required temperatures.
9. Food products are obtained from approved sources.
10. A servicing area shall be provided for cleaning, supplying, loading of water and discharge of sewage.
11. A Certified Food Manager shall be employed if potentially hazardous foods will be prepared.
12. A central preparation facility must be licensed and be operated according to the requirements of TFER (For Example: a licensed restaurant).
13. Single service articles are provided and used.
14. Potable water inlet is equipped with a hose connection of a size or type that prevents its use for any other purpose.
15. Potable water distribution pipes or tubing are constructed and installed in accordance with public health and plumbing standards.
16. Liquid waste servicing connection is of a different size than the water connection.
17. Effective control measures are used for insects, rodents, and environmental contaminants. Installed screening is at least 16 mesh to the inch.
18. Mobile food establishment is constructed of corrosion-resistant, durable materials.
19. Mobile food establishment has easily cleanable, non-absorbent floors, walls, and ceilings.
20. Counters and tables are designed for durability and are easily cleanable.
21. Equipment is installed so that it is easily cleanable and is in clean, sound condition.
22. Facilities are provided for solid waste storage that are easily cleanable and covered.
23. Commercial grade water hose stored in its own container, used for filling potable water only and stored inside of MFU.

****As amended Code of Ordinance 22-2256****

Restroom Availability Letter

To: City of Lake Jackson Health Department

I, _____, _____ of the following
Owner Name *Write "Owner or Manager"*

business: _____, _____ give permission to:
business name *business address*

_____ of _____
mobile food unit owner's name *mobile food unit name*

and the employees, to use the restroom located within my business. This restroom is located within 500 feet of the mobile food unit. The restroom is available on the following days:

_____ and hours: _____.
days of week *hours of operation, including am and pm*

The City of Lake Jackson Health Inspector has my permission to enter for the purpose of inspecting this restroom. The restroom has the following facilities: toilet and toilet paper, hand sink with hot and cold water, soap and, paper towels or hand dryer.

Address of Business Location: _____

Printed name of business owner or manager: _____
first name, middle initial and last name

Signature of business owner or manager: _____

Subscribed, sworn to, and acknowledged before me by _____,

this ____ day of _____, _____.

Notary Public, State of Texas

Central Preparation Facility Letter

To: City Of Lake Jackson Health Department

I, _____, _____ of the following
business owner/manager *write "owner" or "manager"*

business: _____, _____ give permission to:
business name *business address*

_____ of _____
owner of mobile food unit *name of mobile food unit*

To use my establishment as a Central Preparation Facility (CPF) for the mobile vending unit named above. The CPF will maintain a current and valid food establishment license. The CPF will provide adequate and approved waste disposal facilities. The CPF will provide an approved sanitary process for providing potable water to the mobile unit. The CPF will provide sanitary food storage facilities for dry goods and items requiring temperature control and the CPF will allow foods to be held/stored overnight. The CPF will provide storage for equipment and supplies used by the mobile vendor while not on the mobile unit.

CPF Owner's Name (if signer is not owner): _____

CPF Owner's Phone Number: _____

CPF Owner's address: _____

Printed name of CPF property owner/representative: _____

Signature of business owner or manager: _____

Subscribed, sworn to, and acknowledged before me by _____,

this ____ day of _____, _____.

Notary Public, State of Texas

Property Agreement Letter

To: City Of Lake Jackson Health Department

I, _____, _____ of the following
business owner or manager name *write "owner" or "manager"*

property: _____, _____ give permission to:
business name *business address*

_____ of _____
owner of mobile food unit *name of mobile food unit*

to operate his or her mobile unit on the above stated property.

Property Owner's Name (if signer is not owner): _____

Property Owner's Phone Number: _____

Property Owner's address: _____

Printed name of property owner/representative: _____
First name, middle initial, & last name

Signature of business owner or manager: _____

Subscribed, sworn to, and acknowledged before me by _____,

this ____ day of _____, _____.

Notary Public, State of Texas



Propane System Inspection Report



Piping shall be tested annually at not less than 3 psig for 10 minutes before appliances are connected and at system pressure after connection by a licensed LP Gas Technician. Documentation of test, within 90 days of Health/Fire Inspection, must be provided at time of inspection.

Licensed Individual's Information

Name:

Address:

Phone Number:

Railroad Commission of Texas Category of License:

Date of Inspection:

Mobile Vending Unit Name:

License Plate:

	Pass	Fail
System Plumbing	<input type="radio"/>	<input type="radio"/>
Appliances	<input type="radio"/>	<input type="radio"/>
Propane Tank	<input type="radio"/>	<input type="radio"/>
Pressure/Leak Test	<input type="radio"/>	<input type="radio"/>

The leak test and inspection of the propane system was performed in accordance with the Texas Railroad Commission the National Fire Protection Standard 58 – Liquefied Petroleum Gas Code

Licensed Individual's Signature: