#### MOBILE FOOD VENDOR PERMITTING INSTRUCTIONS

#### **Mobile Food Vendor Permit fees:**

**\$350** for mobile food vendor with food preparation **\$250** for mobile food vendor with only prepackaged food (no food preparation)

### STEP 1 - Apply for a Solicitors Permit

The first step is to apply for a Solicitors Permit from the Police Department. A link to the Police Department's web site is provided below. The Police Department will send your solicitors permit to the Health Department (3 to 5 days).

#### STEP 2 – Apply for a Fire Permit and obtain approval.

\*This step is ONLY for trucks with appliances that produce smoke or grease-laden vapors. Please skip to step 3 if this does not apply to you.

After applying for a Solicitors permit, you will need to submit an Operational Application with the Fire Department. Please contact the Fire Department at 972-744-5750 to schedule your fire inspection. You can only move forward to the Health Inspection **AFTER** approval from the Fire Department.

### STEP 3 - Submit a Health Permit application and documents

After applying for Solicitors Permit, you will need to complete and submit the required application and forms to the Health Department:

- Permit application
- Commissary authorization letter
- Commissary Inspection Report
- Operating schedule (form)
- Permission to use facilities (form)
- Required written procedures
- Certified Food Manager Certification
- Menu

OR, drop-off application and forms to the Health Department at 411 W. Arapaho Road, Room 107.

### **STEP 4 - Truck Inspection Appointment**

When the Health Department receives the Solicitors Permit from the Police Department, the health inspector will contact the applicant to schedule an appointment to inspect the mobile food vehicle. You will also pay for your Health Permit at this time.

Location:

411 W. Arapaho Rd. Richardson, Tx 75080

- 1. ARRIVE on-time
- 2. PARK your vehicle near the east entrance of the Civic Center closest to Central Expressway
- 3. COME INSIDE to room 107, your Health Inspector will be notified of your arrival

NOTE: electricity is NOT available, you must bring your own generator in order to check cooler and hot water temperatures.

Once your vehicle passes inspection, you will pay the permit fee at the front desk. You will receive your Health Permit certificate in the mail in approximately 2 to 3 weeks.



Days and hours you will be operating\_

### City of Richardson Health Department MOBILE FOOD VENDOR OPERATING SCHEDULE

P.O. BOX 830309 • RICHARDSON, TX 75083-0309 • (972) 744-4080

This form shall be used to identify multiple site locations or a driving route. Provide driving route on back. You may also use your own form.

All mobile vendors must obtain a solicitor's permit from the Richardson Police Department located at 140. N. Greenville Ave. Please contact the Police Department for information regarding a solicitor's permit at (972) 744-4800. Once obtained, contact our office with the information.

No vending is allowed in city parks without a written agreement or a permit issued by the Director of Parks and Recreation.

| Mobile Food Vendor Information       |
|--------------------------------------|
| Name of Business:                    |
| Operator:Cell Phone:                 |
|                                      |
| <u>Location 1</u>                    |
| Name of Business:Address:            |
| Business hours of operation:         |
| Days and hours you will be operating |
|                                      |
| Location 2                           |
| Name of Business:Address:            |
| Business hours of operation:         |
| Days and hours you will be operating |
|                                      |
| Location 3                           |
| Name of Business:Address:            |
| Business hours of operation:         |
| Days and hours you will be operating |
|                                      |
| Location 4                           |
| Name of Business:Address:            |
| Business hours of operation:         |

For driving route, please list below the location and approximate day and times you will be visiting these sites.

| Stop # | Day(s) | Time | Address/Location of Each Stop |
|--------|--------|------|-------------------------------|
| 1.     |        |      |                               |
| 2.     |        |      |                               |
| 3.     |        |      |                               |
| 4.     |        |      |                               |
| 5.     |        |      |                               |
| 6.     |        |      |                               |
| 7.     |        | 1    |                               |
| 8.     |        |      |                               |
| 9.     |        |      |                               |
| 10.    |        |      |                               |
|        |        |      |                               |



### City of Richardson Health Department MOBILE FOOD PROPERTY/RESTROOM AGREEMENT

P.O. BOX 830309 • RICHARDSON, TX 75083-0309 • (972) 744-4080

All mobile food vendors must provide restroom facilities for employees and customers within 1000 feet during all hours of operation. Proof of written permission is required. You may submit this form or other written documentation to meet this requirement.

This agreement between the owner/agent of the property/restroom and the mobile food vendor signifies that both parties agree to the allowed use of the property/restroom facilities as specified and are allowing this vendor to park on this property for no longer than 10 consecutive hours and no later than midnight.

Each additional site will require a separate property/restroom agreement form or other written documentation.

| Mobile Food V                                    | endor Information         |                 |
|--|---------------------------|-----------------|
| Name of Mobile Vendor:                           |                           |                 |
| Address:   | City:                     | Zip:            |
| Owner/Operator:                                  |                           |                 |
| Email:   | Phone:                    |                 |
| Days/time for use of this property/restroom:     |                           |                 |
|  |                           |                 |
|  |                           |                 |
| Property/Restroom A                              | Accessibility Information |                 |
| Name of Business:                                |                           |                 |
| Address:   | City:                     | _Zip:           |
| Contact Person:                                  | Title:                    |                 |
| Email:   | Phone:                    |                 |
| Business hours of operation:                     |                           |                 |
|  |                           |                 |
|  |                           |                 |
|  |                           |                 |
| Property/Restroom Owner/Agent – Signature & Date | Mobile Vendor – S         | ignature & Date |

A copy of this form or written authorization should be kept on board the mobile food unit.



### City of Richardson Health Department MOBILE FOOD COMMISSARY AUTHORIZATION LETTER

P.O. BOX 830309 • RICHARDSON, TX 75083-0309 • (972) 744-4080 You may submit this form or use the one provided by the commissary.

|   |   |   | Date:   |
|---|---|---|---|
| Commissary Name:  |   | Phone:  |   |
| Address:  |   |   |   |
| (Street)  | (City)  | (State)   | (Zip Code)  |
| Is the facility permitted and inspected b Provide copies of the commissary in   | spection report.  |   |   |
| The mobile vehicle(s) listed below has p  | permission to use my facilities:                              |   |   |
| Name of Company   | VIN #   | Name o  | f Owner   |
|   |   |   |   |
| If a constant of the constant |   |   |   |
| If more than four vehicles, please list of  |   |   |   |
| The following services may be performe  | ed at my commissary by the ab                                 | ove mobile venicle  |   |
| Use of the facility at all times  |   |   |   |
| Have limited access to facility -   | If yes, access hours and days                                 | are:  |   |
| Use of preparation area   |   |   |   |
| Use of utensil washing area   |   |   |   |
| Use of food storage areas   |   |   |   |
| Purchase supplies: food and be  |   |   | n needed  |
| Store/park mobile unit at facility  | and have access to wash bay                                   | area  |   |
| Dispose of waste water, solid wa  | aste and grease   |   |   |
| Fill potable water tanks  |   |   |   |
| Service area is covered with non  | n-absorbent floor   |   |   |
| State of, C   | county of   |   |   |
|   |   |   |   |
| he contents hereof and the foregoing state ead this letter notarized with my signature perform the activities checked above.  | atements are true in substance re affixed and acknowledge the | vner's Name), do s<br>and effect and are<br>at the mobile vende | olemnly swear that I have read<br>e made in good faith. I have<br>or identified above is authorized |
| (Commissary Owner's Signature)  | )   | (Notary's Sign  | ature)  |
|   | Commissio   | n Expires d   | ay of20   |
| (Commissary Owner's Name)   |   |   | ,   |
|   |   | NOTARY'S SEA  | ıL  |
| (Commissary Address)  |   |   |   |



# City of Richardson Health Department MOBILE FOOD VENDOR PERMIT APPLICATION

P.O. BOX 830309 • RICHARDSON, TX 75083-0309 • (972) 744-4080

| □ NEW □ RENEWAL   | (TYPE OR PRINT ALL INFORMATION)              |
|---|--|
| BUSINESS NAME:  | LICENSE PLATE NUMBER:                        |
| DATE: VIN #   |  |
| MAILING ADDRESS:  | (CITY, STATE) (ZIP CODE)                     |
| BUSINESS PHONE:   |  |
| EMAIL ADDRESS:  |  |
| □ OPERATING AT SINGLE SITE □ MULTIPLE SITES   | ☐ DRIVING ROUTE                              |
| IF OPERATING AT MULTIPLE SITES OR IF YOU HAVE A DRIVING ROUTE, COM<br>SINGLE SITE, FILL IN BOX DIRECTLY BELOW.  | IPLETE THE OPERATING SCHEDULE ATTACHED.      |
| NAME OF BUSINESS WHERE OPERATING:   | ADDRESS:                                     |
| HOURS OF BUSINESS ABOVE:  |  |
| DAYS AND HOURS YOU WILL BE OPERATING:   |  |
|   |  |
| APPLICANT'S NAME:(PLEASE PRINT CLEARLY)   |  |
| APPLICANT'S SIGNATURE:  |  |
| IMPORTANT NOTE: A COMPLETED APPLICATION, COMMISSAR CERTIFIED FOOD MANAGER CERTIFICATE, AND OPERATING SOF APPLICATION. NO PERMIT WILL BE ISSUED WITHOUT THIS | CHEDULE <u>MUST</u> BE SUBMITTED AT THE TIME |
| FEE SCHEDULE:  Prepackaged Food   | \$250.00<br>eam truck)                       |
| Food Preparation  |  |
| ** DO NOT WRITE BELOW 1   | THIS LINE **                                 |
| FEE PAID:APPROVED:  | DENIED:                                      |
| SOLICITOR'S PERMIT NO. AND EXPIRATION DATE:   |  |
| COMMENTS:   | ·  |



## City of Richardson Health Department MOBILE FOOD VENDOR EXTENDED VENDING APPLICATION

P.O. BOX 830309 • RICHARDSON, TX 75083-0309 • (972) 744-4080

| BUSINESS NAME:  | LICENSE PLATE NUMBER:  |
|---|--|
| DATE:   | VIN #  |
| MAILING ADDRESS:(STREET NO. & NAME)   | (CITY, STATE) (ZIP CODE)   |
| BUSINESS PHONE:   | CELL PHONE:  |
| EMAIL ADDRESS:  | <del> </del>   |
|   |  |
| NAME OF BUSINESS WHERE OPERATING:   | ADDRESS:   |
| HOURS OF BUSINESS ABOVE:  |  |
| DAYS AND HOURS YOU PROPOSE TO OPERAT  | <u> </u>   |
| USE THE SECOND PAGE TO DRAW A DIAGRAM INDICATING STREETS AND PARKING AREAS AS | SHOWING WHERE THE FOOD TRUCK WILL BE POSITIONED AT VENDING LOCATION, WELL. |
|   |  |
| APPLICANT'S NAME:   | (PLEASE PRINT CLEARLY)   |
| APPLICANT'S SIGNATURE:  |  |
| ADDITIONAL COMMENTS:  |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| **  | DO NOT WRITE BELOW THIS LINE **  |
|   |  |
| APPROVED:   | DENIED:  |



### City of Richardson Health Department MOBILE FOOD VENDOR INSPECTION CHECKLIST

P.O. BOX 830309 • RICHARDSON, TX 75083-0309 • (972) 744-4080

This checklist provides a list of requirements necessary for the approval of a Mobile Food Vendor operating within the City of Richardson.

Further information is available at www.cor.net/foodtruck.

|    |   | YES |
|----|---|-----|
| 1  | Liquid waste retention tank provided and capacity at least 15% larger than the potable water storage tank,      |     |
|    | permanently installed, sloped to drain and labeled "wastewater".  |     |
|    | Liquid waste servicing connection is different size than the water connection. Liquid waste connection labeled. |     |
| 2  | Potable water from an approved source.  |     |
|    | Potable water tank provided, labeled "potable water", and installed sloped to drain.                            |     |
|    | Potable water inlet equipped with a hose connection of a size or type that prevents its use for any other       | -   |
|    | purpose, is labeled "potable water", and provided with a \(^3\)-inch or less inlet connection.                  | 1   |
|    | Potable water distribution pipes or tubing constructed and installed in accordance with public health and       | _   |
|    | plumbing standards.   |     |
| 3  | Hot and cold running water under pressure provided to all sinks. Hot water temperature at least 100°F.          |     |
| 4  | Handwash sink provided, conveniently located and accessible.  |     |
| 5  | Soap, paper towels, detergent and sanitizing chemicals provided.  | -   |
| 6  | Three compartment sink provided, large enough to clean largest piece of equipment/utensil.                      |     |
| 7  | Equipment for hot holding and cold holding, adequate to maintain time/temperature control for safety            |     |
| •  | (TCS) foods at required temperatures. Must be commercial grade NSF/UL approved.                                 |     |
| 8  | Food products obtained from an approved source.   |     |
| 9  | A servicing area provided for cleaning, supplying, loading of water and discharge of sewage.                    |     |
| 10 | Thermometers inside coolers and to check internal temperatures of foods and test strips provided.               |     |
| 11 | Central preparation (commissary) or storage facility licensed and operated according to Texas Food              |     |
|    | Establishment Rules. Provide authorization letter and inspection report for commissary.                         |     |
| 12 | A Certified Food Manager employed when TCS food is prepared.  |     |
| 13 | All other employees have a Texas or ANSI accredited food handler certificate.                                   |     |
| 14 | Effective control measures used for insects, rodents and environmental contaminants. Installed screening at     |     |
|    | least 16 mesh to the inch.  |     |
| 15 | Provide a copy of menu.   |     |
| 16 | Single service articles provided and used.  |     |
| 17 | 2A-10BC or larger fire extinguisher provided and mounted by the door away from cooking equipment. Must be       |     |
|    | current on inspection tag.  |     |
| 8  | Mobile food establishment constructed of corrosion resistant, durable materials.                                |     |
| 9  | Mobile food establishment has easily cleanable, non-absorbent floors, walls and ceilings.                       |     |
| 20 | Counters and tables designed for durability and are easily cleanable.   |     |
| 21 | Equipment installed so that it is easily cleanable and is in clean, sound condition.                            |     |
| 2  | Facilities are provided for solid waste storage that are easily cleanable and covered.                          |     |
| 3  | Mobile unit readily moveable.   |     |
| 4  | Designated locations for employees to eat, drink, use tobacco, and store personal items.                        |     |
| 5  | Provide Property/Restroom Agreement or written permission upon request if setting up at a site.                 |     |
|    | First aid kit provided.   |     |
| 6. | riist alu kit provided.   |     |