



CITY OF MANVEL DEVELOPMENT SERVICES

20025 Hwy 6 Manvel, TX 77578 (281) 489-0630 x4 permits@cityofmanvel.com

Mobile Food Unit Health Permit Application

New Business Renewal Change of Owner

Sole Ownership Corporation/LLC Partnership Other: _____

Name: _____ Phone: _____ Address: _____

Name: _____ Phone: _____ Address: _____

Business/Truck Name: _____ Phone Number: _____

Mailing Address: _____ Email: _____

Contact Person: _____ Phone Number: _____

Business Owner

Agency: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Owners DL #: _____ State: _____

Central Processing Facility No Yes

If Yes:

Agency: _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Emergency Contact (other than Owner)

Name #1: _____ Phone Number: _____

Name #2: _____ Phone Number: _____

Service Location

Special Event Type A Special Event Type B Special Event Type C

Name of Service Location: _____ Address: _____

Second Service Location: _____ Address: _____

Property Owner's Name: _____ Phone Number: _____

Intended Date(s) of Service: _____ Intended Hours of Service: _____

Important Notice: All Mobile Food Units operating within the city limits MUST have a valid health permit and may only operate at City of Manvel approved Special Events. Operating without a valid health permit or outside of an approved special event will result in closure and possible court citation.

Permit Fee: \$200 Approval Date: / / Permit #: _____



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Please Provide the Following Documents

- Menu
- Valid Food Manager Certificate
- Valid Driver's License for Driver
- Valid Proof of Insurance
- Valid Proof of Commissary
- Current Vehicle Registration Documentation
- Central Processing Facility Current License
- Central Processing Facility Inspection Report
- Letter of Authorization from property owner of intended service location/ toilet facilities
- Other: _____

Insurance Information

Company Name: _____
 Policy Number: _____
 Expiration Date: _____

Commissary

Agency: _____
 Name: _____
 Address: _____
 Phone Number: _____
 Email: _____

Truck Details

Motorized Unit Hitched Trailer

Vehicle Make: _____
 Model: _____
 Vin #: _____
 License Plate #: _____
 Operators DL #: _____ State: _____
 Tow Vehicle License Plate #: _____
 Tow Vehicle Vin #: _____

Inspections must be passed by Health Department and Fire Marshal to receive a Mobile Unit Permit Health Permit. At time of inspection, the unit must be completely operable and in full working order. Additional inspections may be required.

Mobile Food Unit health permits are valid one year from issuance.

This application must be completed fully and presented to the Permits Department located at **20025 Highway 6**. By applying, this establishment agrees to comply with the codes adopted by the City of Manvel and is aware of the right to access to the Regulatory Authority as specified within the health code. Permit/License fees are non-refundable.

I, the undersigned, hereby swear or affirm that the information provided in this application is true and correct to the best of my knowledge and is an accurate reflection of my intentions. I understand that any omission or incorrect information herein will render this application and any permit/license obtained invalid.

Applicant Name: _____ Applicant Signature: _____

Date of Submittal: _____ Received By: _____

Fire Marshal Approval: _____

Health Officer Approval: _____



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Mobile Food Unit Guidelines

- Current and valid Food Protection Manager certificate and current Health Permit must be posted in conspicuous place. Food protection manager must be onsite during all hours of operation.
- No overnight parking and/or operations.
- Mobile Food Unit must be fully movable at all times. Alerting the Unit in such a manner that would prevent or otherwise reduce ready mobility is prohibited.
- Units are prohibited from blocking public rights-of-way, dedicated fire lanes, or public sidewalks.
- Vendors in service for longer than 2 hours, must have access to a toilet facility.
- Food must be obtained from approved sources (permitted or licensed establishments) and be in sound condition. **Food prepared in a private residence/dwelling is not allowed.**
- Proper fire extinguisher must be onsite before operation. Sharing not allowed.
- All food preparation, processing, and service shall be located on an approved surface (concrete, asphalt, or gravel). Mobile Food Units may not operate on grass.
- Vendors may not set up within 100-yards of a restaurant unless express written consent is given from restaurant owner. Vendors must have 10-foot clearance from any structure.
- Except where only prepackaged food is offered, all Mobile Food Units must have a handwashing station; Sharing not allowed. Gloves must be worn for handling and preparation of foods.
- Except where only prepackaged food is offered, all Mobile Food Units must have 3 compartment sink warewashing station with basins large enough to accommodate the largest utensil. Equipment and general area must be kept clean at all times.
- Unit must remain fully self-contained. No utility connections of any kind permitted.
- Food must be protected during storage, display, and cooking,
 - Properly covered.
 - Stored at least 6 inches off the floor.
 - Cold Food Holding shall be 41°F or below. Hot Food Holding shall be 135°F or higher.
 - Small diameter probe metal thermometer must be onsite.
- Only single-service articles shall be provided for use by the consumer.
- Food service workers must wear hair restrains.
- Trash/Garbage receptacle can must be provided for worker and consumer waste. All waste, including liquid waste, shall be removed from premises upon departure.
- Nonessential persons to the operation and/or children under the age of 18 are not permitted within food service, food preparation, or warewashing areas.
- Mobile Food Units must be readily identifiable with business name and phone number on back and serving side of unit, in letters not less than three (3) inches.

**A health inspection must be conducted before a Mobile Food Unit permit will be issued.
At time of inspection, the unit must be completely operable and in full working order.**



To: City of Manvel Health Department

Service Location Authorization Letter

I, _____, _____ of the following property
First and Last Name Owner or Manager
_____ located at _____ Manvel,
Name of Business (if applicable) Address
Texas, give permission to _____ of _____
First and Last Name of Mobile Food Unit Owner Name of Mobile Food Unit
to operate the mobile food unit on the above stated property for the period:
Beginning on: _____ Ending on: _____

Toilet Facility Availability Letter

I, _____, _____ of the following property
First and Last Name Owner or Manager
_____ located at _____ Manvel,
Name of Business (if applicable) Address
Texas, give permission to _____ of _____
First and Last Name of Mobile Food Unit Owner Name of Mobile Food Unit
and his/her employees to use the _____ toilet facilities located within my business. This toi-
Number of facilities
let facility is located within 500 feet of where the mobile food unit will operate and will be available
during all hours of service.

Printed Name of Property/Business Owner/Manager: _____

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

This agreement shall be valid only through the expiration date of the mobile food unit's health permit. Falsification of any information provided on this document by any party will make this agreement null and void and may result in the revocation of the Mobile Food Unit's health permit. 4