



# CITY OF MISSION

*City of Mission Health Department*  
117 E. Tom Landry, Mission, Texas 78572  
Phone: 956.580.8692

## **Application to Operate a Food Establishment**

**All items must be completed on this application before a Permit will be considered for issuance.** Application for a Permit to operate does not guarantee a permit will be granted. Permit approval is based upon compliance with local health ordinances. **Permits are non-transferable.**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email: \_\_\_\_\_

### **SECTION A:**

#### **Choose what applies**

- ( ) Restaurant ( ) Bakery ( ) Tortilleria ( ) Whole Fruit Stand ( ) Retail ( ) Public School  
( ) Day Care ( ) Nursing Home ( ) Drinking Est. ( ) Meat Market ( ) Shakes ( ) Deli  
( ) Raspas/Ice Cream Stand ( ) Pre-Packaged items ( ) Private School ( ) Catering  
( ) Public Cafeteria ( ) Snack Bar ( ) Mobile Unit ( ) Party/Event Center ( ) Other

All food permits must comply with basic Food Handlers certification and /or Managers certification if applicable.

**Service Type:** ( ) Seated ( ) Carryout ( ) Non seated to go orders only

**Serving:** ( ) Breakfast ( ) Lunch ( ) Dinner

**Check categories of Time/Temperature Control for Safety to be handled, prepared and served.**

	<b>YES</b>	<b>NO</b>
1. Thin meats, poultry, fish, and eggs (Hamburgers; sliced meats; fillets)	( )	( )
2. Thick meats, whole poultry (Roast beef; whole turkey; chicken; ham)	( )	( )
3. Cold processed foods (Salads, sandwiches, vegetables)	( )	( )
4. Hot processed foods (Soups, stews, rice/noodles, gravy, chowders, casseroles)	( )	( )
5. Bakery goods (Pies, custards, cream fillings & toppings)	( )	( )
6. Others _____		

**PLEASE CIRCLE/ANSWER THE FOLLOWING QUESTIONS**

**FOOD SUPPLIES:**

- What are the projected frequencies of deliveries for Frozen foods \_\_\_\_\_  
Refrigerated foods \_\_\_\_\_ and Dry goods \_\_\_\_\_
- Provide information on the amount of space (square feet) allocated for:  
Dry storage \_\_\_\_\_  
Refrigerated storage \_\_\_\_\_  
Frozen storage \_\_\_\_\_
- How will dry goods be stored off the floor? \_\_\_\_\_

**COLD STORAGE:**

- Is adequate and approved freezer and refrigeration available to store frozen foods, and refrigerated foods at 41 degrees and below? **YES / NO**
- Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat-foods? **YES / NO**  
If yes, how will cross-contamination be prevented?  
\_\_\_\_\_  
\_\_\_\_\_

**HOT/COLD HOLDING:**

- How will hot TCS's be maintained at 135 degrees or above during holding for service?  
\_\_\_\_\_  
\_\_\_\_\_

2. How will cold TCS's be maintained at 41 degrees or below during holding for service?

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**REHEATING:**

1. How will TCS's that are cooked, cooled, and reheated for hot holding be reheated so that all parts of the food reach a temperature of at least 165 degrees for 15 seconds.

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2. How will reheating food to 165 degrees be done rapidly and within 2 hours?

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**PREPARATION:**

1. Please list categories of foods prepared more than 12 hours in advance of service.

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2. Will disposable gloves, utensils, and food grade paper be used to prevent handling of ready-to-eat foods? **YES / NO**

3. How will cooking equipment, cutting boards, counter tops and other food contact surfaces, which cannot be submerged in sinks or put through a dishwasher, be sanitized?

Chemical Type: **BLEACH / AMMONIA**

Concentration: \_\_\_\_\_

Test Kit: **YES / NO**

4. Length X Width X Height of 3 Compartment Sink: \_\_\_\_\_

5. Size of Grease trap: \_\_\_\_\_

Total number of employees (Full/ Part-Time including self): \_\_\_\_\_

Days and hours of operation: \_\_\_\_\_

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I understand that failure to comply with any ordinance to the City of Mission affecting Public Health shall be deemed cause for suspension and/revocation of your permit.

**Business owner must sign this application.**

**Application Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**WITH ALL APPLICATIONS THESE 4 THINGS MUST BE SUMMITTED**

1. Menu
2. Specifications Of All Commercial Equipment (including 3 compartment sink)
3. Layout Of Whole Establishment
4. Food Managers/Food Handlers

**SECTION B MOBILE UNITS ONLY:**

B. Base of operation Address:

\_\_\_\_\_

Operators Driver's License Number/State:

\_\_\_\_\_

Type of vendor: ( ) Unrestricted ( ) Restricted

\* An Unrestricted Vendor is allowed to prepare food on the unit.

\* A Restricted Vendor offers prepackaged food.

Vehicle Information:

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_

Year \_\_\_\_\_ Color \_\_\_\_\_ Vin # \_\_\_\_\_

Mobile unit License Plate # \_\_\_\_\_ State \_\_\_\_\_

## Fixed Establishment Restroom Facility Agreement

All City of Mission mobile vendors operating at a location for duration longer than 45 minutes must provide this Restroom Facility Agreement form confirming the availability of a restroom for use within 50 feet of the vending location during the hours of operation. A valid Restroom Facility Agreement must be on file for each individual location a vendor operates longer than 45 minutes. Failure to maintain a valid and accurate Restroom Facility Agreement form may result in permit suspension and/or possible legal charges being filed against the Mobile Vending Permit holder.

Vendors utilizing a fixed establishment's restroom facilities must have this form filled out and signed and notarized by the owner of the facility intended for use. **Note: Residential restroom facilities may not be utilized for this requirement.**

### Fixed Establishment Restroom Facility Agreement

I, \_\_\_\_\_, owner/responsible party for \_\_\_\_\_  
Located at \_\_\_\_\_, give permission to \_\_\_\_\_  
of \_\_\_\_\_, to use my restroom facilities for their employees  
during the mobile unit's hours of operation.

\_\_\_\_\_  
Signature of Business Owner

\_\_\_\_\_  
Printed Name of Business Owner

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Date

### Notary Verification

Before me on this day, \_\_\_\_\_, personally appeared  
\_\_\_\_\_, owner or responsible party of \_\_\_\_\_,  
known to me (or proven to me) to be the person whose name is subscribed to the above "Fixed  
Establishment Restroom Facility Agreement".

\_\_\_\_\_  
Name of Notary Public, State of Texas (Print)

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary Seal (ink stamp only)

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

## Fixed Establishment Agreement

All City of Mission mobile vendors operating at a fixed establishment must provide this Fixed Establishment Agreement form confirming authorization from the business owner. A valid Fixed Establishment Agreement must be on file for each individual location a vendor operates within the City of Mission. Failure to maintain a valid and accurate Fixed Establishment Agreement form may result in permit suspension and/or possible legal charges being filed against the Mobile Vending Permit holder.

Vendors utilizing a fixed establishment must have this form filled out, signed and notarized by the owner of the facility intended for use. **Note: Mobile Food Trucks must be more than 100 feet from an established restaurant.**

### Fixed Establishment Agreement

I, \_\_\_\_\_, owner/responsible party for \_\_\_\_\_  
 Located at \_\_\_\_\_, give permission to \_\_\_\_\_  
 of \_\_\_\_\_, to operate a mobile food truck from my property  
 only during the fixed establishment's hours of operation.

\_\_\_\_\_  
 Signature of Business Owner

\_\_\_\_\_  
 Printed Name of Business Owner

\_\_\_\_\_  
 Contact Phone Number

\_\_\_\_\_  
 Date

### Notary Verification

Before me on this day, \_\_\_\_\_, personally appeared  
 \_\_\_\_\_, owner or responsible party of \_\_\_\_\_,  
 known to me (or proven to me) to be the person whose name is subscribed to the above "Fixed  
 Establishment Agreement".

\_\_\_\_\_  
 Name of Notary Public, State of Texas (Print)

\_\_\_\_\_  
 Notary's Signature

\_\_\_\_\_  
 Notary Seal (ink stamp only)

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

## Central Preparation Facility Permission for Use Verification Form

This form serves to verify that the owner of the Central Preparation Facility (CPF) submitted for use has granted permission to the mobile vendor to utilize the CPF. By providing approval of use for the CPF the owner/operator agrees to provide the following criteria which are required to be utilized as a CPF with the City of Mission Mobile Food Vendor Program:

- Maintain a current and valid food establishment permit.
- Provide adequate and approved waste disposal facilities for handling waste water disposal, oil/grease disposal, trash disposal, and all other necessary waste disposal.
- Provide an approved sanitary process for providing fresh water to mobile units.
- Allow the mobile vendor to bring the unit to the establishment for servicing as needed.
- Provide sanitary food storage facilities for dry goods and items requiring temperature control.
- Allow foods to be held/stored overnight at CPF under approved sanitary conditions.
- Provide storage for equipment and supplies used by mobile vendor while not on mobile unit.

The CPF owner must provide a valid Food Manufacturer's license issued by the Texas Department of State Health Services if the CPF owner provides any potentially-hazardous-foods to a mobile vendor for sale or dispersal from the mobile unit. This criterion does not apply to mobile vendors who are employees of the CPF operating under the CPF owner's mobile vending permit.

I, \_\_\_\_\_, have read and understand the items of responsibility listed above and agree to comply with all requirements. I give permission to \_\_\_\_\_ of \_\_\_\_\_, to use my establishment, \_\_\_\_\_ Located at \_\_\_\_\_, as a Central Preparation Facility for the mobile unit. If any health violations of the vendor are found at this establishment the Violations can be included on the health inspection for this establishment.

\_\_\_\_\_  
Signature of Central Prep Facility Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

### Notary Verification

Before me on this day, \_\_\_\_\_, personally appeared \_\_\_\_\_, owner or responsible party of \_\_\_\_\_, known to me (or proven to me) to be the person whose name is subscribed to the above "Central Preparation Facility Permission for Use Verification Form".

\_\_\_\_\_  
Name of Notary Public, State of Texas (Print)

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary Seal (ink stamp only)

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

**MOBILE FOOD VENDOR RESPONSIBILITIES**

- 1. OPERATION:** All state and local rules and ordinances related to the mobile vending operation must be adhered to at all times.
- 2. NO HOME PREPARED FOOD MAY BE SERVED TO THE PUBLIC.**
- 3. THE USE OF EXTERNAL EQUIPMENT IS NOT ALLOWED:** All equipment MUST be contained within or on the mobile unit at all times and must be properly enclosed.
- 4. CENTRAL PREPARATION FACILITY (CPF) OR FOOD ESTABLISHMENT USE:** Report to your central preparation facility to service your unit. No open food preparation or handling may occur at the CPF unless the mobile vending permit owner holds a separate and valid Food Establishment permit at the CPF location. A CPF Log sheet documenting all CPF visits must be maintained on the mobile vending unit at all times for review at the request of the Health Division.
- 5. REFRIGERATION AND HEATING:** Unit must have adequate hot and cold food storage facilities to maintain food products at the required temperatures. Hot foods must be held at 135°F or above. Cold foods must be stored at 41°F or below.
- 6. THERMOMETER:** Metal stem dial thermometers with a range of 0-220°F and accurate to +/- 2°F must be provided on mobile food units on which food is prepared in order to monitor food temperatures. Locate additional thermometers in all refrigeration/cold-hold units.
- 7. LABELING:** All pre-packaged, self-service food items offered must be properly labeled in adherence with the Texas Food Establishment Rules requirements.
- 8. MOBILITY:** Units must maintain a state of mobile readiness at all times. The health authority may prohibit alteration, removal, attachments, placement or change in, under, or upon the mobile food establishment that would prevent or otherwise reduce ready mobility.
- 9. UTILITIES/WATER:** Permanent utilities (i.e. plumbing, gas, electrical, water) may not be attached to the unit at any time. At no time during operation is the mobile unit to be attached to a water hose or any other permanent water supply.
- 10. HOLDING TANKS:** Fresh and wastewater holding tanks must be properly sized, permanently installed on the unit and equipped with a valve to empty/fill the tanks from the exterior of the unit in a manner which prevents contamination of ground surfaces or mobile unit.
- 11. HOT AND COLD WATER:** Unrestricted units must maintain a safe and secure water supply. Hot and cold water must be available under pressure for immediate use to all sinks at all times of operation.
- 12. HANDWASHING:** Soap, single use towels and hot water must be supplied to hand sinks at all times.

**CERTIFIED FOOD MANAGER / FOOD HANDLER:**

Unrestricted units must post and maintain at least one (1) employee's original and valid Food Manager Certificate on unit at all times. All other employees must be registered as Food Handlers. A verification list of all employees Food Manager and Food Handler credentials must be submitted at time of permit renewal.

I have read and understand the items of responsibility listed above, and I agree to comply with all of the requirements. I further understand that observed violations of these requirements may result in permit suspension and/or legal charges being filed.

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(Business Owner Signature)

(Date)

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(Business Owner Printed Name)

**FOR OFFICE USE ONLY**

Fee: \_\_\_\_\_

**HEALTH APPROVAL**

**Health Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

**Health Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

REASON FOR DENIAL:

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COMMENTS:

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