



# Application for Mobile Food Vendor “Food Trailers/Trucks”

- New Food Trailer/Truck #: \_\_\_\_\_
- Renewal Permit #: \_\_\_\_\_
- Plaza/Shopping Center (Location): \_\_\_\_\_

### APPLICANT’S INFORMATION

Applicant’s Name: \_\_\_\_\_

Applicant’s Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Driver’s License # \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_ Email: \_\_\_\_\_

### BUSINESS & TRAILER/TRUCK INFORMATION

Business Tax ID# \_\_\_\_\_

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

Business Owner: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Make \_\_\_\_\_ Model \_\_\_\_\_ License Plate \_\_\_\_\_

VIN \_\_\_\_\_ Color \_\_\_\_\_

### COMMISSARY INFORMATION

#### Obtaining-Fresh Water, Storing Food in Refrigerator/Freezer, and obtaining disposable paper products/utensils

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**\*Attach letter from the commissary owner where the trailer/truck will be serviced; this log is to include all visits to Commissary, nature of visit and is to include dates and times.\***

**SANITARY FACILITY/GREASE TRAP INFORMATION**

**Disposal of Wastewater/Grease from Holding Tanks on Food Truck**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

**\*Attach letter from the commissary/grease trap owner where the trailer/truck will be serviced. This log is to include all visits to Sanitary facility/grease trap, nature of visit and will include dates and times.\***

**Electrical Pole Needed:**

**Permanent Parking:**

Yes  No

Yes  No

**\* If electrical pole is needed, please indicate on site map where electrical pole will be stationed.**

**Applicant has received a copy of the Mobile Food Vendor Ordinance Sec.54.51. Mobile Food Vendors and agrees to comply with all requirements of the Mobile Food Vendor Ordinance of the City of McAllen and Texas Food Establishment Rules.**

**Trailer/Truck must be kept in Commercial Area (Not Residential)**

**APPLICANT'S SIGNATURE**

I Certify that I am the actual owner of the Food Trailer/Truck described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application. My Food Establishment Permit can be revoked by the City of McAllen Health Department at any time if I violate any of the Texas Food Establishment Rules and/or the City of McAllen Ordinances.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION OF PROPERTY BEING USED (LOCATION #1)**

Location: \_\_\_\_\_ Time Duration(from open to close): \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Attach letter from property owner authorizing the use of the space and restroom facilities- include times and dates\***

**Attach copy of Hidalgo County Appraisal District (HCAD) Ownership information found at (HCAD) website for each location.**

**INFORMATION OF PROPERTY BEING USED (LOCATION #2)**

Location: \_\_\_\_\_ Time Duration(from open to close): \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Attach letter from property owner authorizing the use of the space and restroom facilities- include times and dates\***

**INFORMATION OF PROPERTY BEING USED (LOCATION #3)**

Location: \_\_\_\_\_ Time Duration(from open to close): \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Attach letter from property owner authorizing the use of the space and restroom facilities- include times and dates\***

**INFORMATION OF PROPERTY BEING USED (LOCATION #4)**

Location: \_\_\_\_\_ Time Duration(from open to close): \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

I Certify that I am the actual owner of the property described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Attach letter from property owner authorizing the use of the space and restroom facilities- include times and dates\***

## **MINIMUM REQUIREMENTS FOR FOOD TRAILER OR TRUCKS**

Additional information may be required during the review to properly complete the permit process. This application pertains to Food Trailer/Truck Sales Only. These guidelines are issued so property owners as well as vendors are given permission to locate on a temporary basis, provide a measure of safety to patrons as well as to persons using public roads.

### **Health & Code Enforcement Requirements (For full list of requirements see City of McAllen Municipal Code**

#### **Sec. 54-51. - Mobile food vendors.)**

**Please acknowledge the following providing additional responses where needed(include check mark):**

- Vendor will operate in a plaza or shopping center: Yes No (circle one)**
  
- If operating in a plaza or shopping center, a mobile food vendor must obtain written permission from at least half of the owners of the plaza or shopping center.  
If applicant seeks to operate in a plaza or shopping center, written notice of your application shall be mailed to the owner(s) of the plaza or shopping center.**
  - **There shall be a fourteen- day (14) comment period to allow the noticed owners of the plaza or shopping center a reasonable opportunity to express any concerns or opposition.**
  - **An application will not be approved during this fourteen-day (14) comment waiting period.**
  - **Upon the expiration of the fourteen-day (14) notice period, an application may be approved for a probationary period or denied, but shall only be approved if the applicant submits written permission from at least half of the owners in the plaza or shopping center.**
  - **Approved applications for mobile food vendors seeking to operate in a commercial plaza or shopping center shall initially be issued for a 90-day probationary period. Within fourteen (14) days of the date the probationary period ends, the probationary permit holder shall again submit written permission from at least half of the owners in the plaza or shopping center.**
  - **If the permit holder fails to submit written permission in accordance with section above, then the permit holder shall submit a site plan to relocate its operations or the permit may be suspended or revoked.**
  
- Mobile food vendors must comply with all private property covenants and deed restrictions.**
  
- I have reviewed the any private property covenants and deed restrictions applicable to the plaza or shopping center where I intend to operate, and this application is not contrary thereto.**
  
- The mobile unit is a commercial operation. The unit, equipment, and utensils are to be designed and constructed for durability and ease of cleaning.**
  
- If you are intending on Parking Unit Permanently in Commercial Parking Lot, plaza or shopping center then you need to get approval from Planning Department.**
  
- Mobile food vendors operating within 150 feet of a residential zoning district shall only offer food for off-premise consumption (to-go) and shall not setup or place tables, chairs or other seating for on-premise consumption.**

- ❑ No mobile food vendor shall play amplified music or repetitive sounds, or permit someone under its direction or control to play amplified music or repetitive sounds.
- ❑ If you are planning on requesting an Electrical Pole, then you need to get approval from Planning Department.
- ❑ **Site plan showing trailer/truck and restrooms location is included with this application. During operating hours mobile food vendors must provide access to a restroom on or within 600 feet of the property on which they are operating. (NO PORTABLE RESTROOMS ALLOWED) If approved, I acknowledge that the finally approved site plan must be complied with at all times.**
- ❑ **Provide food menu, operating dates, and hours of operation.(complete and current itinerary-include on attached owner's agreement)**
- ❑ **Trailer must be removed from the location on a daily basis and serviced at the designated commissary. Commissary records must be kept on site in the truck at all times. A commissary log may be inspected by Health Inspector at any time.**
- ❑ **A mobile food vendor may not be located within 100 feet of the primary entrance of an open and operating fixed-location food service establishment (restaurant). Provide aerial screenshot and front view of location.**
- ❑ A container capable of holding all the trash generated must be provided onsite.
- ❑ Permit shall be displayed at all times in a conspicuous place where it can be read by the general public on the mobile food vendor's truck or concession trailer.
- ❑ **A copy of the written permission to operate in a specific location signed by the private property owner(s), shall be kept within the mobile vending unit at all times.**
- ❑ The owner/vendor will be responsible for clean-up and disposal of all debris/trash accumulated during the sales period.
- ❑ **Color Pictures of the interior and exterior of food trailer/truck (include kitchen equipment, hood system, sinks, and water tanks)**
- ❑ All food products must be from an approved source. Home preparation or storage of food is **NOT** allowed.
- ❑ Food trailers/trucks are prohibited from operations/sales in Residential Zone or District, any public street, or in congested areas where the operation impedes vehicular or pedestrian traffic.

- ❑ Food may be prepared and wrapped at the commissary before being placed on the truck for sale. Packaged foods are to be properly labeled with the manufacturer's name and address, net weight or count, and list of ingredients.
- ❑ All (PHF) potentially hazardous foods or (TCS) time and temperature control for safety foods (such as meat, poultry, fish, or dairy products) must be maintained at the proper temperature of (41° F or below, or 140° F or above).
- ❑ Mechanical hot holding and refrigeration equipment is required.
- ❑ A probe type food thermometer is to be used to monitor food temperatures (maintain a temperature log).
- ❑ Mobile food unit shall provide only single serve articles (paper, plates, plastic forks/spoons, paper napkins, etc.) for use by the consumer.
- ❑ All self-serve condiments, including relish, mustard, ketchup, onions, etc. must be in single serve packets or dispensers.
- ❑ Ice for human consumption must be stored separately from ice used to chill beverage containers. Ice storage units must drain to a retention tank to prevent drink cartons, bottles or cans from being submerged in melted ice water.

**Additional Requirements for Food Trailers/Trucks:**

**Fee Schedule:** 1<sup>st</sup> Food Permit \$300.00 with Annual Renewal Permit \$300.00

- ❑ All food handlers must wash hands as frequently as necessary to keep them clean. Hand sinks are required to have a supply of **HOT and COLD** water, hand soap and paper towels. Disposable gloves or utensils (such as spoons, scoops, or tongs used) are required, if bare-hands are used to handle ready to eat foods. Use hand sanitizer after washing hands or before you begin a different task.
- ❑ **Food Handler Certificate is required. Contact the Health Dept. at 956-681-1900 for a list of Training Providers in the area or for available online course training. Food Manager fee for ID is \$40 with the Health Dept. when a certificate of completion is presented.**
- ❑ Adequate supply of potable water must be provided for hand washing, utensil washing, rinsing, sanitizing, and food preparation.
- ❑ Adequate hair restraints are required in the food prep area.
- ❑ Eating, drinking, chewing gum or the use of any tobacco products is prohibited in the food preparation/service area.
- ❑ Foods, food containers, and single serve items are to be covered and stored in a way to prevent contamination.

- ❑ Open or unprotected displays of foods are **NOT** allowed.
- ❑ Three compartment sink required for the convenience of washing, rinsing, and sanitizing of food utensils, equipment, and food contact surfaces. Test strips are required to monitor the concentration of the sanitizer.
- ❑ All cleaners/chemicals must be labeled and used in accordance with the label instructions. Chemicals are to be stored to prevent contamination of food, single serve items and utensils.
- ❑ Vent hoods with removable filters are required over cooking equipment.
- ❑ **All waste water from sinks, steam tables, etc. must be drained into a retention tank for disposal at the commissary. Commissary records must be kept on site in the truck at all times to include all visits, times, and dates of disposal of wastewater and grease. A commissary log may be inspected by Health Inspector at any time.**

**Trailer/Truck must be kept in Commercial Area (Not Residential)**

**APPLICANT'S SIGNATURE**

I Certify that I am the actual owner of the Hot Food Trailer/Truck described above and this application is being submitted with my consent (include corporate name if applicable). I understand and intend to comply with all of the requirements as indicated on this application. My Food Establishment Permit can be revoked by the City of McAllen Health Department at any time if I violate any of the Texas Food Rules and/or the City of McAllen Ordinances.

**(Mandatory Requirement per Ordinance Sec. 54-51. (b) (3) (1.) (1&2):**

**Signed affidavit with photo identification that each individual applicant:**

1. Has no unpaid civil judgments against him or her in any state of U.S. possession which arise from a business activity which would have been covered by this section if in effect at the time in the jurisdiction where such judgments are of record.
2. A statement of all convictions in any state, the United States or U.S. possession within the last ten years.

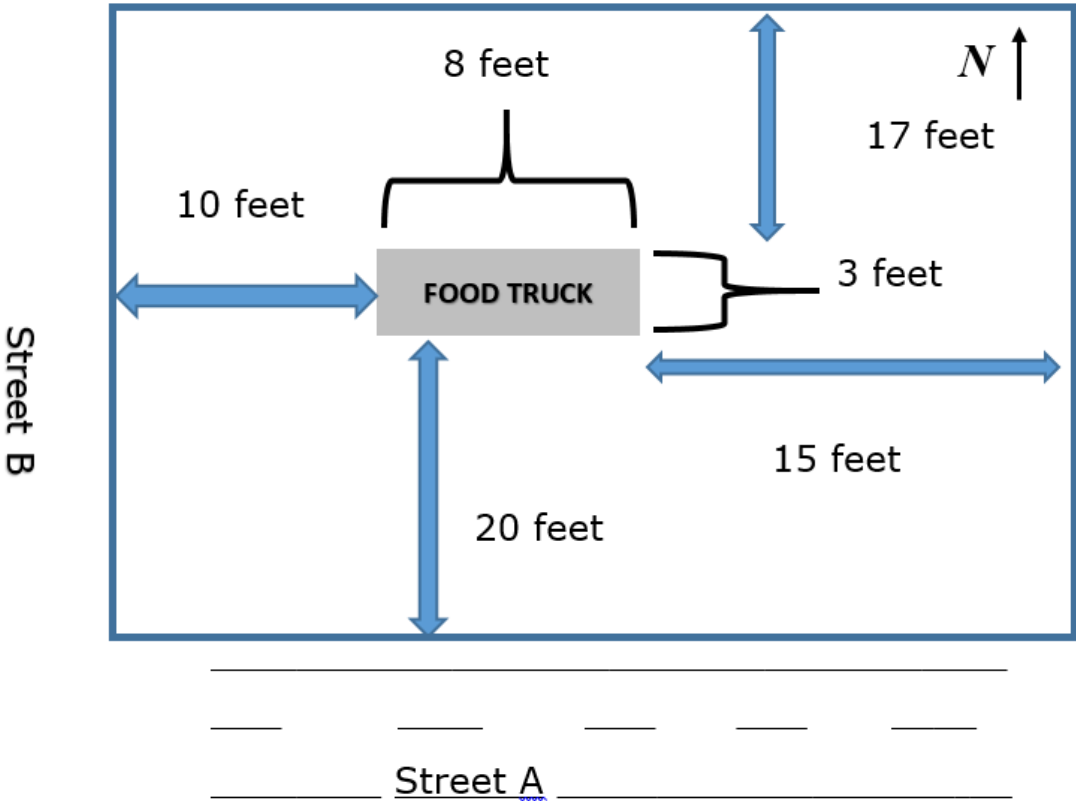
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Applicant Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Notary Signature

**Check One:**

- Stationary Food Truck/Trailer (Please include distance from property line measurements on site plan from truck/trailer to property line.)
- Non-Stationary Food Truck/Trailer (Please provide site plan, distance from property line measurements not needed).

**EXAMPLE:**





**NORTH**

**WEST**

**EAST**

**SOUTH**

**DEPARTMENT INSPECTION APPROVAL**

**OFFICE USE:**

**FIRE:**

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

Fire Inspector's Signature: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Comments and/or Restrictions:

---

---

---

**PLANNING:**

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

Planning Reviewer Signature: \_\_\_\_\_ Review Date: \_\_\_\_\_

Comments and/or Restrictions:

---

---

---

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

Circle [ YES / NO ]

1. Review 1 year Accela history of location permit. If complaints, then circle Yes and explain.

[ YES / NO ] \_\_\_\_\_

\_\_\_\_\_

2. Is it within 150 feet from residential Area? If Yes, no tables and chairs allowed and all food sales are to-go. Measure with Wheel. Please state distance in feet.

[ YES / NO ] \_\_\_\_\_

\_\_\_\_\_

3. If near restaurant, is it within 100 feet of operating fixed-location food service establishment? If within 100 feet, then circle Yes, and if No, please state distance in feet. Measure with Wheel.

[ YES / NO ] \_\_\_\_\_

\_\_\_\_\_

4. Does vendor provide access to a restroom on or within 600 feet of the property on which they are operating (NO PORTABLE RESTROOMS ALLOWED)? If comply, then circle Yes. Measure with Wheel.

[ YES / NO ] \_\_\_\_\_

\_\_\_\_\_

5. If in a Plaza, review and verify 50% Plaza Ownership authorizations. If Yes, please state your findings. (Attach in different page if need extra room). If not in Plaza, circle No.

[ YES / NO ] \_\_\_\_\_

\_\_\_\_\_

Health Inspector's Signature: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

Comments and/or Restrictions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH DIRECTOR APPROVAL:**

Health Director Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**CLERK USE:**

Accepted by: \_\_\_\_\_

Payment Received by: \_\_\_\_\_

Date Paid: \_\_\_\_\_

**Items to Review:**

- 1. Letter of Authorization to Include Phone Number, Date Signed, and Printed Name with signature (must be Provided for every location that Food Truck will be stationed).**
- 2. Commissary Letter.**
- 3. Restroom Letter (must be Provided for every location that Food Truck will be stationed).**
- 4. Site Map with Measurements and Dimensions (must be Provided for every location that Food Truck will be stationed).**
- 5. Photos of Food Truck Interior and Exterior.**

- 6. Copy of Sales Tax Permit**
- 7. Aerial Screenshot of 100ft from Fixed Food Establishment Location.**
- 8. Aerial Screenshot of 150ft from Residential Area.**
- 9. Aerial Screenshot of Restroom within 600 ft from Mobile Food Vehicle-Restroom**  
**(must be provided for every location that Food Truck will be stationed).**
- 10. Development & Zoning Map including Ownership Information of Plaza**  
**(must be provided for every location that Food Truck will be stationed).**
- 11. Provide a Food Menu, with Operating Dates, and Hours of Operation.**







City of McAllen  
 Health & Code Enforcement  
 311 N. 15th Street McAllen, TX 78501  
 Phone: 956-681-1900  
 Fax: 956-681-1918

# Mobile Food Discharge Log Sheet

Mobile Unit Name: \_\_\_\_\_

Permit # \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Owner: \_\_\_\_\_

Owner Contact # \_\_\_\_\_

DATE	TIME IN	TIME OUT	SERVICES PERFORMED	WASTE WATER (gallons)	CLEAN WATER (gallons)	MOBILE FOOD OWNERS SIGNATURE	MOBILE FOOD OWNER NAME (Print)





City of McAllen  
 Health & Code Enforcement  
 311 N. 15th Street McAllen, TX 78501  
 Phone: 956-681-1900  
 Fax: 956-681-1918

# Commissary Visit Log Sheet

Mobile Unit Name: \_\_\_\_\_

Permit # \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Owner: \_\_\_\_\_

Owner Contact # \_\_\_\_\_

DATE	TIME IN	TIME OUT	SERVICES PERFORMED	Waste Water (gallons)	Clean Water (gallons)	COMMISSARY'S OWNERS SIGNATURE	COMMISSARY'S OWNER NAME (Print)