



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

Application for “Food Trailers/Trucks”

APPLICANT’S INFORMATION

Applicant’s Name: _____

Applicant’s Address: _____

City: _____ State: _____ Zip: _____ Driver’s License # _____

Phone: () _____ Cell: () _____ Email: _____

Business Tax ID# _____

BUSINESS & TRAILER/TRUCK INFORMATION

Business Name: _____

Business Owner: _____ Phone: () _____ Cell: () _____

Make _____ Model _____ License Plate _____

VIN _____ Color _____

COMMISSARY INFORMATION

Business Name: _____ Business Owner _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Attach letter from the commissary owner where the trailer/truck will be serviced, include dates and times

GREASE TRAP INFORMATION

Business Name: _____ Business Owner _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: () _____

Attach letter from the commissary owner where the trailer/truck will be serviced, include dates and times

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 Rules and/or the City of McAllen Ordinances.

Signature: _____ Date: _____

1st OWNER OF PROPERTY BEING USED

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

2nd OWNER OF PROPERTY BEING USED

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

3rd OWNER OF PROPERTY BEING USED

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

4th OWNER OF PROPERTY BEING USED

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.):

- ❖ The mobile unit is a commercial operation. The unit, equipment, and utensils are to be designed and constructed for durability and ease of cleaning.
- ❖ Site plan showing trailer/truck and restrooms location. **(NO PORTABLE RESTROOMS ALLOWED)**
- ❖ 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 daily at the designated commissary.
- ❖ Have to be 100 feet away from any facility that serve/sells cold or hot foods (restaurant).
- ❖ 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, shall be kept within the mobile vending unit at all times. If operating in a plaza or shopping center, a mobile food vendor must obtain written permission from at least half of the owners or tenants.
- ❖ The owner/vendor will be responsible for clean-up and disposal of all debris/trash accumulated during the sales period.
- ❖ 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: 1st 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.

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):

1. 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: _____

NORTH

SITE PLAN:

WEST

EAST

SOUTH

DEPARTMENT INSPECTION APPROVAL

OFFICE USE:

FIRE:

Approved: _____ Denied: _____

Fire Inspector's Signature: _____ Inspection Date: _____

Comments and/or Restrictions:

HEALTH:

Approved: _____ Denied: _____

Health Inspector's Signature: _____ Inspection Date: _____

Comments and/or Restrictions:

CLERK USE:

Accepted by: _____ Payment Received by: _____ Date Paid: _____

Record of Complaints: (Inspector, date, and nature of complaint):

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____