



Application for Mobile Food Vendor “Food Trailers/Trucks”

Application Processing can take up to one week.

- 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.

Permanent Parking:

Yes No

What is the source of electricity/power?

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 your agreement of the following conditions by placing your initials by each item:

_____ **Will vendor operate in a plaza or shopping center? (circle one) Yes No**

_____ **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, a written notice of your application WILL BE MAILED by our department to the owner(s) of the plaza or shopping center.**

- **There shall be a fourteen (14) day comment period to allow the notified owners of the plaza or shopping center a reasonable opportunity to express any concerns or opposition to the mobile food vendor business.**
- **An application will not be approved during the fourteen (14) day comment waiting period.**
- **At the end of the fourteen (14) day comment waiting period an application may be approved for a probationary period only if the applicant submits written permissions along with a phone contact for each individual 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 will initially be issued a 90-day probationary permit.**
- **Two weeks before the 90-day probationary permit expires the mobile food vendor permit holder shall once again submit written permissions 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 the section above, then the permit holder will be required to submit a site plan to relocate its operations or the permit will be suspended or revoked.**

_____ **Mobile food vendors must comply with all private property covenants and deed restrictions.**

_____ **I have reviewed all applicable private property covenants and any deed restrictions associated to the plaza or shopping center where I intend to operate, and this application is not contrary to any existing restrictions or covenants.**

_____ 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 intend to Park the Unit Permanently in a 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.

_____ **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 final approved site plan must be complied with at all times.**

_____ **Provide a food menu, the operating dates and hours of operation. This should be included on with the attached owner's agreement.**

_____ **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 trash container capable of holding all the trash generated from the mobile food vendor truck 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 food vendor's 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 a 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 vendor 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 Mobile Food Trailers/Trucks: Fee Schedule: 1st Food Permit \$300.00 with Annual Renewal Permit \$300.00

_____ All food handlers must wash hands as frequently and 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.

HOURS OF OPERATION

	FROM	TO
Monday	FROM	TO
Tuesday	FROM	TO
Wednesday	FROM	TO
Thursday	FROM	TO
Friday	FROM	TO
Saturday	FROM	TO
Sunday	FROM	TO

Mobile Food 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

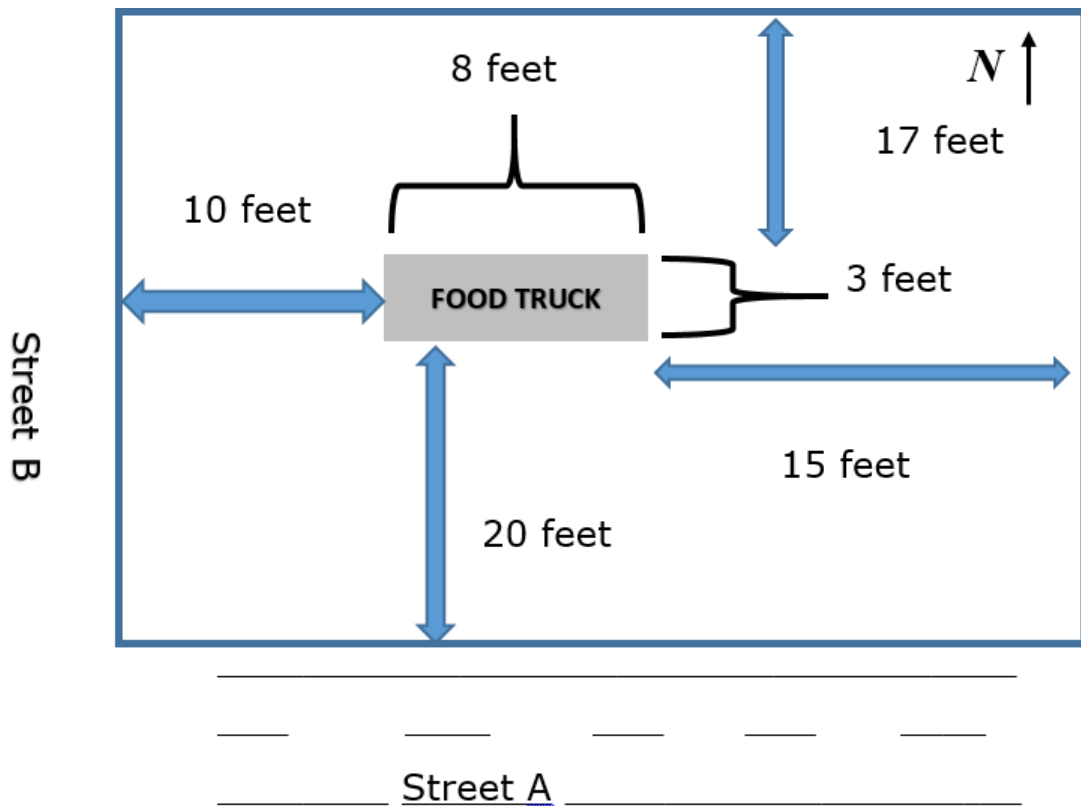
Signature: _____ Date: _____
Notary Signature

SITE PLAN:

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: _____

Health Supervisor Signature: _____

Date: _____

CLERK USE:

Accepted by: _____

Payment Received by: _____

Date Paid: _____

Items to Review:

Date & Initials (Admin/Health Inspector)

_____ 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. **Please obtain a Valid Form of Identification (I.D) (Photo Copy)**

_____ 3. Commissary Letter. (Verify address to address on application)

_____ 4. Restroom Letter (must be provided for every location that Food Truck will be stationed).

Items to Review-Continued:

Date & Initials (Admin/Health Inspector)

_____ 5. Grease Trap Letter

_____ 6. Site Map with Measurements and Dimensions (must be provided for every location that Food Truck will be stationed).

_____ 7. Photos of Food Truck Interior and Exterior. Picture of where Food Truck is actually parked.

_____ 8. Copy of Sales Tax Permit

_____ 9. Aerial Screenshot of 100ft from Fixed Food Establishment Location.

_____ 10. Aerial Screenshot of 150 ft from Residential Area.

_____ 11. Aerial Screenshot of Restroom within 600 ft from Mobile Food Vehicle- Restroom (must be provided for every location that Food Truck will be stationed).

_____ 12. Development & Zoning Map including Ownership Information of Plaza (must be provided for every location that Food Truck will be stationed).

_____ 13. Provide a Food Menu, with Operating Dates, and Hours of Operation.

EXTRA SPACE FOR NOTES