



Environmental Health Department
633 Walnut St.
Abilene, TX 79601

Phone: (325) 437-4590 Fax: (325) 676-6289

Website: <https://www.abilenetx.gov/366/Environmental-Health>

Email: Foodtruck-user-group@abilenetx.gov

APPLICATION FOR MOBILE FOOD VENDORS & VARIANCE FOR CENTRAL PREPARATION

**MUST BE COMPLETED BY THE ESTABLISHMENT
OWNER/OPERATOR**

Name of Facility: _____

Date: _____

Office use only
Environmental Health
Assigned to review: _____

This review package, fully completed with attachments, must be submitted before Environmental Health Department staff can proceed with permitting. Failure to include all requested material will delay your review. Once review package and plans are submitted and deemed complete, Environmental Health Department staff will respond within 10 working days. Response of "see plans" will not be accepted. Applicant must complete each section of this document for approval. Please provide our department with phone number and email contact information of the person in charge of your project in order for your assigned inspector to address questions they may have in regards to your application.

Office use only
 Provide Fecal & Vomit procedure
 Employee Illness Procedure

1. MOBILE UNIT INFORMATION

Name Of Unit _____

Address Where Mobile Unit will be Stored

Planning Unit # _____ Phone _____

Emergency Contact Phone _____

Facility Web Site _____

Facility email _____

License Plate Number on Unit _____

VIN Number of Unit, If Applicable _____

___ Attach detailed drawing of Unit showing placement of all equipment and plumbing.

___ Attach 6 photos of Unit showing front, back, both sides of unit and 2 photos showing inside of unit.

___ If using a Central Preparation Facility, attach Central Preparation Facility form to this application.

Unit Type ___ Push Cart

___ Trailer

___ Motorized

___ Roadside Vendor

___ Other: Describe _____

Will there be support trailer(s)? ___YES ___NO

If yes, describe unit and what purpose it will serve. This includes smokers towed behind mobile unit which a **physical barrier shall be provided for barbecue pits and grills for separation from the public.** Describe unit below.

- Unit Construction ___ New Commercial Built NSF Certified.
 ___ Used Commercial Built NSF Certified.
 ___ Converted Trailer or Truck
 ___ Self Fabricated

Mobile Food Unit Food Preparation & Vending Location:

<https://www.abilenetx.gov/DocumentCenter/View/6947/Mobile-Vending-Location-Form-PDF>

**Schedule is required to allow the Health Dept. to conduct inspections during operational times. Food Preparation and Vending Location schedule sent in by 1st of the month. If there isn't a schedule, then notify Environmental Health by the 1st of the month. Changes in vending, at Vendors discretion, submit 24- hour notification to Environmental Health. Nonscheduled vending: After 2 warnings, 3rd violation may result in permit revocation.*

2. OWNER INFORMATION

Name: _____ Phone: _____

Address: _____

Alternate Phone: _____ Fax: _____

Email: _____

Web Site: _____

**Must provide valid contact phone number that will be answered when unit is in operation.*

**Must provide valid email address.*

3. APPLICANT INFORMATION

Name: _____ Phone: _____

Address: _____

Alternate Phone: _____ Fax: _____

Email: _____

Web Site: _____

___ *Same as Owner Information

4. AUTHORITY / DEPARTMENT PERMITS AND APPLICATIONS

I have submitted plans/applications to the following (where applicable) on the dates listed:

Authority / Department Submitted	Contact	Date
Fats, Oil, and Grease Office(FOG)	(325) 437-4505	_____
Environmental Health	(325) 437-4586/	_____
	(325) 676-6291	
Electrical Letter from Master Electrician		_____

** The complete electrical system, from source of equipment, shall be evaluated and confirmed by a Master Electrician to have sufficient service capacity and wiring to operate all electrical equipment at required capacities under all circumstance. This certification shall be submitted in writing on a document bearing the electrical business letter head, dated, and signed by the Master Electrician. The form shall bear the License Number of the electrician for verification purposes. This form shall be submitted prior to any inspections for permit.*

** Environmental Health Division will not issue a food service permit to applicant until Fats, Oil, and Grease has approved their location for waste water disposal.*

5. FOOD SUPPLY AND STORAGE

All food must be from an approved source. All food must be stored on/in Mobile Food Unit. No food for service may be stored at home.

Where will frozen or refrigerated food be purchased?

Where will dry goods be purchased?

Provide information on the number of units and the amount of space in each unit (in cubic feet) allocated for the following:

Dry Storage:

Total _____

Refrigerated Storage:

Total _____

Frozen Storage:

Total _____

Identify the location of containers that will be used to store bulk food products (rice, flour, sugar, spices, etc.) Containers must be food grade.

6. FOOD PREPARATION PROCEDURES

Explain the handling/preparation procedures for the following categories of food.

Describe the process from receiving to service including:

- How the food will arrive (frozen, fresh, packaged, etc.).
- Where the food will be stored.
- Where (prep table, sink, counter, etc.) the food will be washed, cut, marinated, breaded, cooked, etc.
- When (time of day and frequency/day) food will be handled/prepared.
- Will food served cold be pre-chilled before preparation?

- How required cooking/holding temperatures will be verified.

**Attach additional sheets if necessary.*

READY-TO-EAT FOOD: (e.g., salad, cold sandwiches)

READY-TO-EAT FOOD: (precooked meats, canned/bagged, tort product)

RAW POULTRY:

RAW BEEF:

RAW PORK:

SEAFOOD:

PRODUCE, FRUIT:

Describe how produce, fruits and vegetables received whole (including lemons and limes) will be washed before service. List procedures to prevent bare handed contact with RTE Fruits and Vegetables, including lemons and limes.

FOOD PREPARATION PROCEDURES CONTINUED

List all foods that will be cooked and served: _____

List all foods that will be hot-held prior to service: _____

ROP (Reduced Oxygen Packaging) including vacuum packaging, cook-chill, etc.; use of additives to render a food non- TCS food, curing and smoking for preservation; and molluscan shellfish tanks are not allowed for mobile food units.

7. THAWING FROZEN TCS FOOD

TFER§ 228.75 (c)

Thawing Method(s) (check all that apply and indicate where thawing will take place).

___ Under Refrigeration: _____

___ Microwave* (as part of cooking process): _____

___ Cooked from frozen state: _____

___ Other, (describe): _____

** TFER§ 228.75 (c)(3)(B) thawed in a microwave oven and immediately transferred to conventional cooking equipment, with no interruption in the process.*

8. HOT/COLD HOLDING

TFER§ 228.107 (a) Equipment, Numbers and Capacities.

How will hot food be maintained at 135°F (57°C) or above during holding for service?
Indicate type, number and location of hot holding units.

How will cold food be maintained at 41°F (5°C) or below during holding for service?
Indicate type, number and location of cold holding units.

9. COOLING

Indicate by checking the appropriate boxes how TCS food will be cooled to 41°F (5°C) within 6 hours (135°F to 70°F in 2 hours)

COOLING METHOD	*THICK MEATS	*THIN MEATS	HOT FOODS	COLD FOODS	OTHER	LOCATION
Shallow Pans in Refrigerator						
Ice Baths						
Reduce Volume or Size and Place in Refrigerator						
Stirring with Ice Paddle						

Other (describe)						
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** Thick Meats = more than one inch; Thin Meats = one inch or less.*

10. REHEATING

How and where TCS foods 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°F for 15 seconds within 2 hours? Indicate type and number of units used for reheating foods.

11. FINISH SCHEDULE

TFER§ 228.173

Indicate which materials (stainless steel, Fiberglass Reinforced Panels (FRP), 4" plastic covered molding, etc.) will be used in the following areas:

Mobil Unit

Floor: _____

Floor/Wall Juncture: _____

Walls: _____

Ceiling: _____

Identify the finishes of cabinets, countertops, food contact surfaces, work surfaces, cabinets and shelving: **TFER §228.223 (j) Food-contact surfaces. All food contact surfaces, counters, or work surfaces in the establishment shall be smooth, non-absorbent and easily cleanable.**

12. PEST/RODENT CONTROL

TFER § 228.186 (k), TFER § 228.174 (e)

1. All outside doors be self-closing and rodent-proof?
2. Screens will be provided on all entrances open to the outside?
3. All openable windows have a minimum of #16 mesh screening ?
4. Identify how all pipes, electrical conduits, or openings to the outside will be sealed.

13. REFUSE, RECYCLABLES, AND RETURNABLES

1. Where will refuse/garbage be stored inside of the Mobile Food Unit?

2. Where will refuse/garbage generated in the Mobile Food Unit be disposed of?

3. Identify how and where garbage cans and floor mats will be cleaned.

4. Identify location of grease/oil storage containers.

5. How will used grease/oils be disposed of? Must be approved by Waste Water Manager.

14. WATER SUPPLY / HEATER

1. Where will water tank(s) be filled?

2. What is the capacity of potable water tank(s) on Mobile Food Unit in gallons? _____

3. What material is potable water tank(s) constructed of? Describe construction of tank. Must comply with **TFER §228.149 (f)** Mobile water tank and Mobile Food Unit tank.

4. Describe the connections used to fill potable water tank. Must comply with **TFER §228.149 (f)(10)**

5. Describe hoses that will be used to fill potable water tank(s). Must comply with **TFER §228.149 (f)(11)**

6. Describe materials used for plumbing water system inside the mobile unit. Must comply with **TFER §228.145**

7. Describe where and how potable water tanks will be cleaned and sanitized. How often? Must comply with **TFER §228.149 (f)(13)**

8. Will ice be used for the service in Mobile Food Unit? YES NO

If yes ice must be purchased commercially from an approved source.

9. What is the type, capacity, recovery time, and location of the water heater? Please attach a copy of water heater specifications:

Type: _____

Capacity: _____

Recovery Time: _____

Location: _____

15. SEWAGE DISPOSAL

<https://www.abilenetx.gov/DocumentCenter/View/6948/Waste-Servicing-Facility-Agreement-Form-PDF>

Waste water disposal must be approved by Fat, Oil, Grease Manager before food permit will be issued.

1. What is the capacity of waste water tank(s) on Mobile Food Unit in gallons? Must be 15% larger than potable water tank(s).

2. Describe the location of waste water tank(s) on the Mobile Food Unit.

3. Where will waste tank(s) on Mobile Food Unit be evacuated? Must be approved by Fat, Oil, and Grease manager.

4. Is the sewage system public? non-public (private)?

5. If non-public (private), has sewage system been approved? YES NO
If yes, attach copy of approved system.

6. Describe the outlet used to drain waste tank. Size, valve, location.

7. Describe how and where waste water tank(s) will be cleaned.

16. BACKFLOW PREVENTION

TFER §228.147 (d)

**Check the section that applies*

		Air Gap	Air Break	Vacuum Breaker	N/A	Other
1. Ice storage bins	# _____	_____	_____	_____	_____	_____
2. 2 or 3 compartment sink(s)	# _____	_____	_____	_____	_____	_____
3. Handwash sink(s)	# _____	_____	_____	_____	_____	_____
4. Steam Table(s)	# _____	_____	_____	_____	_____	_____
5. Dipper well(s)	# _____	_____	_____	_____	_____	_____
6. Condensate line(s)	# _____	_____	_____	_____	_____	_____
7. Beverage dispenser(s) with carbonator(s)	# _____	_____	_____	_____	_____	_____
8. Other _____	# _____	_____	_____	_____	_____	_____

17. WAREWASHING

1. Identify the length, width, and depth of the compartments of the 3-compartment sink:

Sink _____ Length _____ Width _____ Depth _____

2. Will the largest pot and pan fit into each compartment of the 3-compartment sink?

YES NO

If no, Mobile Food Unit must be associated with a City of Abilene Permitted Food Establishment.

3. Identify the length, width, and depth of the compartments of the 2-compartment sink:

Sink _____ Length _____ Width _____ Depth _____

4. Describe size, location and type (drainboards, wall mounted or overhead shelves, stationary or portable racks) of air drying space:

5. Total square feet of air drying space available _____ ft²

6. What type of sanitizer will be used in 3-compartment sink?

___ Chemical

Indicate type: _____

18. HANDWASHING SINK(S)

Identify the locations of the handwashing sink(s):

Soap, paper towels must be located by hand wash sink. Water temperature must be a minimum of 100°F and under pressure.

19. OTHER

1. Identify the location for the storage of poisonous or toxic materials:

2. Where will cleaning and sanitizing solutions be stored at workstations? How will these items be separated from food and food contact surfaces?

3. Identify location of clean linen and soiled linen storage:

4. Identify location and procedures for cleaning and re-supplying Mobile Food Unit

20. CHECKLIST

Following completion of plan review form use this check list to ensure information has been answered

- ___ 1. Drawing or factory schematics of Mobile Food Unit locating all equipment, plumbing, electrical and mechanical services.
- ___ 2. Menu or complete list of food and beverages to be offered. Include seasonal, special event menus for the Mobile Food Unit.
- ___ 3. Show location of all food equipment. Each piece of equipment must be clearly labeled and show plumbing, drain, and electrical connections.
- ___ 4. Designate clearly on the plan equipment for adequate rapid cooling, including ice baths and refrigeration, and for hot and cold-holding TCS foods.
- ___ 5. Show location, number, and size/capacity of hand-washing sinks, warewashing sinks, and food preparation sinks.
- ___ 6. Indicate areas on unit that will be used to store food items and dry goods.
- ___ 7. Include complete finish schedules for floors, walls, ceilings, and all food contact/preparation surfaces.
- ___ 8. Include plumbing schedule showing location of water supply lines, waste-water lines, as well as hot-water-generating equipment with capacity and recovery rate, backflow prevention, and wastewater line connections.
- ___ 9. Show location of lighting fixtures, including covers or shields for lighting above food storage, prep, or serving areas.
- ___ 10. Servicing Area Agreement Form
- ___ 11. Show storage location of poisonous or toxic materials, all cleaning supplies and bulk sanitizers.
- ___ 12. Locate areas for storage of employee personal items.
- ___ 13. Show location of refuse, recyclable, and or returnable containers.

- ___ 14. Copy of approved, current Certified Food Safety Managers and Food Handler Certificate(s).
- ___ 15. Copy of Electrical Letter from Master Electrician
- ___ 16. Copy of Sales Tax Certificate

21. OPERATIONAL

The following items will be used for plan review of your facility and will be checked during the facility pre-inspection conducted by Environmental Health Sanitarians prior to opening. All equipment should be installed and operational for pre inspection.

	YES	NO	NA
1. Will all food service employees be Certified Food Safety Managers? If no, how many employees will be certified? _____ Attach copies of Certified Food Manager Certificates.	___	___	
2. Will disposable gloves and/or utensils and/or food grade paper be used to prevent bare hand contact of ready-to-eat-foods?	___	___	___
3. Are handwashing sink(s) functional with hot and cold running water under pressure? Water temperature must reach 100°f with-in 2 minutes. Are handwash signs posted at handsink?	___	___	
4. Are soap and disposable paper towels properly dispensed, with signage and waste container available at each handwash sink?	___	___	
5. Are tip sensitive thermometers available for employees to check thin-mass food temperatures?	___	___	
6. Are thermometers present in all cold hold units?	___	___	
7. Are test kits available for all sanitizers used?	___	___	
8. Describe storage facilities for employees' personal items (i.e., purse, coats, boots, umbrellas, etc.) _____ _____			
9. Are all spray bottles and containers clearly labeled?	___	___	
10. Are all toxics for use on-premise or for retail sale (this includes personal medications) stored away from food preparation and storage areas?	___	___	
11. Include written policy (SOP) for washing produce, fruits and vegetables received whole (including lemons and limes used for drinks),	___	___	

before service? List procedures and locations where items will be washed.
List procedures to prevent bare hand contact with lemons and limes.

12. Will Generator supply sufficient power to operate all electrical _____
equipment in mobile unit? _____



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STATEMENT: I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission form City of Abilene Environmental Health Department may delay final approval.

Signature _____
Owner or Responsible Representative

Print Name _____

Date _____

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Approval of these plans and specification by the City of Abilene Environmental Health Department does not indicate compliance with any other code, law or regulation that may be required- federal, state, or local. **An annual mobile food truck pre-permitting inspection of the unit with equipment in place and operational will be necessary to determine if it complies with the local and state laws governing Mobile food service establishments.**