

## Health Division Requirements for Mobile Food Units

In order to operate a Mobile Food Unit within the City of Mesquite the following requirements must be met:

### **Base of Operation**

All Mobile Food Units must operate from a permitted Base of Operation facility to which the Mobile Food Unit must report daily for supplies, cleaning, and servicing. If the applicant does not own the Base of Operation facility, a Base of Operation agreement form must be completed and submitted to the City of Mesquite Health Division for approval. All Base of Operations forms must be notarized if the owner cannot be present in our office at the time of signing.

The Base of Operation must meet the following requirements:

- a) The facility must be permitted and inspected by a regulating health authority.
- b) The facility must provide for storage of food and single service articles, washing and sanitizing of food contact equipment, disposal of wastewater, washing of vehicles, and storage of vehicles over-night. Residential homes or apartments will not be permitted as Base of Operation for Mobile Food Units.
- c) If the Base of Operation is located outside the city limits of Mesquite, a copy of the State, County, or City health permit must be submitted.

### **Construction**

- a) The Mobile Food Unit must be enclosed, commercial-type vehicle with smooth, easily cleanable walls, floors, and ceiling. No carpet is allowed.
- b) Mobile Food Units must be in good repair and have a current registration and safety inspection sticker from the Texas Department of Motor Vehicles.
- c) Equipment used for maintaining potentially hazardous food at the proper temperature must be commercial grade/NSF approved. Examples include, but are not limited to, thermal insulated transporting units, mechanical refrigeration, and similar equipment. Thermometers must be provided for each food holding unit and available for checking food temperatures.
- d) Liquid waste, including beverage syrups, must be collected in a holding tank, and disposed of into a sanitary sewer at the Base of Operation facility location.
- e) No empty vehicles will be permitted. Bring items that you would use at a typical catering event such as gloves, probe thermometer, equipment, utensils, and temperature logs.
- f) All Mobile Food Units vending products not prepackaged shall be equipped with overhead coverage and 3 compartment sinks if utilizing utensils.

### **Operation**

All Mobile Food Units must meet all applicable requirements of the City of Mesquite Health Code including:

- a) All food must be transported in approved insulated units (electrical heat, mechanical refrigeration or cambros) to maintain required temperatures for potentially hazardous food.
- b) All potentially hazardous food must always be maintained at the proper temperature. Cold foods must be maintained at 41°F or below; hot foods must be maintained at 135°F or above.
- c) Food Containers and all serving articles must be stored and dispensed in a manner to prevent contamination.
- d) The exterior and interior of the Mobile Food Unit must be kept clean and in good repair.

### **Permit Requirements**

It is a violation of the City of Mesquite Health Ordinance to operate without a current Mobile Food Unit Permit. Mobile Food Units are inspected at Mesquite Municipal Center located at 1515 N Galloway, by appointment. A permit will be issued upon:

- Completion of the application
- Payment of annual permit fee:
  - Mobile Food Unit – Catering Trucks & Trailers: \$200.00 per year
  - Mobile Food Unit – Ice Cream Trucks & Trailers: \$200.00 per year
  - Mobile Food Unit – Food Trucks & Trailers: \$300.00 per year
  - Mobile Food Unit – Pushcarts: \$200.00 per year
- Satisfactory completion of the inspection of the construction and sanitation of the unit
- Presentation of the current automobile insurance card
- Presentation of the current DMV registration receipt
- Presentation of a Food Manager Certificate (person in charge), if required
- Presentation of a valid Texas Driver's License (person applying for the permit)

All Mobile Food Units shall be subject to unannounced inspections at permit sites in the City of Mesquite according to their itinerary on file with the Health Division and at the listed Base of Operation a minimum of twice each year after the initial permitting inspection.

All Mobile Food Units must be inspected and permitted prior to expiration each year. Contact Health Division at 972-216-8138 for any additional information.

## Health Division Requirements for Mobile Food Units Base of Operations

Base of Operation facilities are designed to provide commercial kitchens facilities and adequate storage space for Mobile Food Units. In order to operate a Mobile Food Unit within the City of Mesquite, you must designate a Base of Operation facility for daily use.

### **Base of Operation**

The Base of Operation must meet the following requirements:

- Provide a food grade hose for obtaining potable water in the Mobile Food Unit.
- Provide adequate facilities for storage of food containers, utensils, and single service articles, washing and sanitizing of food contact equipment and cleaning of the interior and exterior portions of the Mobile Food Unit.
- Provide commercial grade equipment for cooking, storage, and preparation of food products.
- Document daily servicing activities, including cleaning and servicing of the Mobile Food Unit, flushing and disposal of accumulated liquid wastes and restocking, on the CPF log. Logs are to be kept on the Mobile Food Unit during hours of operation.
- Provide sufficient space for the Mobile Food Unit to park overnight and when not in operation.
- If Base of Operation cannot meet all requirements, it can be appealed to the Health Official for approval.

### **Mobile Food Unit Application**

Applications must include the following:

- Base of Operation facilities located outside the city limits of Mesquite, a copy of the local health jurisdiction permit and current sanitation inspection report must be submitted.
- Notarized statement and Base of Operation responsibilities document.

### **Operations**

All Mobile Food Unit must meet all applicable requirements of the Texas Food Establishment Rules and the City of Mesquite Health Code following:

- All food must be prepared or cooked at the Base of Operation or on the Mobile Food Unit at the time of operation.
- All time/temperature-controlled food products must always be maintained at the proper temperature. Cold foods must be maintained at 41°F or below; hot foods must be maintained at 135°F or above at the Base of Operation and on the Mobile Food Unit.
- Ensure that Base of Operation service records are maintained daily and kept on the Mobile Food Unit during all hours of operation. Mobile Food Units must report to the Base of Operation each day for cleaning and storage.

**Please contact City of Mesquite Health Division for additional information:**

**1515 N. Galloway Ave  
Mesquite, TX. 75149  
972-216-8138**



**City of Mesquite**  
**Health Division**  
 1515 N Galloway Ave. Mesquite, TX. 75149  
 Phone: 972-216-8138

Permit # \_\_\_\_\_  
 Class: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Fee: \_\_\_\_\_  
 Nexus Issue # \_\_\_\_\_

**Mobile Food Unit Application**

**Driver/Responsible Person**

Name: \_\_\_\_\_ Truck Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_ Driver's License: \_\_\_\_\_  
 License Plate #: \_\_\_\_\_ VIN #: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ (provide copy of current auto insurance)  
 Base of Operation Name: \_\_\_\_\_

**Type of Owner**      Sole ( )      Corporation ( )      Partnership ( )

Truck Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Menu	Equipment

\_\_\_\_\_  
 Name of Applicant (printed)

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date



# City of Mesquite

## Health Division

1515 N Galloway Ave. Mesquite, TX. 75149

Phone: 972-216-8138

Health Division Use Only

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

### Base of Operation Agreement Form

(Please Print)

Name of Mobile Food Unit: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

License Plate #: \_\_\_\_\_ VIN #: \_\_\_\_\_

I certify that information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid. I agree to abide by all of the policies, rules and regulations set forth by the department. Failure to comply may result in suspension of the permit or imposition of a fine or both.

\_\_\_\_\_  
Signature of Mobile Food Unit Owner

\_\_\_\_\_  
Driver License #

\_\_\_\_\_  
Date of Birth

### Commissary Information

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

I understand the following services may be performed at my commissary by the above Mobile Food Unit.

- Have access to facility at all times. If limited, access hours are: \_\_\_\_\_ to \_\_\_\_\_
- Have access to preparation area
- Wash out Mobile Food Unit above a floor drain
- Wash, rinse, and sanitize all food contact surfaces
- Fill with fresh water
- Dispose of wastewater
- Store/Refrigerate excess products
- Store Mobile Food Unit at facility and have access to wash bay area

Commissary Owner's Name (as it appears on TX Sales and Use Tax Permit): \_\_\_\_\_

Commissary Owner's Signature: \_\_\_\_\_

Commissary Owner's Signature must be notarized if the commissary owner is not present when applying

Subscribed and sworn before me, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
*Signature of Notary*

### Notary Seal

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
*Printed Name of Notary*





# City of Mesquite

## Health Division

1515 N Galloway Ave. Mesquite, TX. 75149

Phone: 972-216-8138

### Mobile Food Unit Itinerary Sheet

All City of Mesquite Mobile Food Units are required to submit and maintain a current itinerary sheet detailing all vending locations, hours of operations at these locations and Base of Operation service visits. If any changes are to be made regarding the itinerary on file (i.e. changes to vending locations, times, or Base of Operation visits) then an updated itinerary must be submitted to this department 48 hours prior to enactment of the changes. *Failure to maintain a current and valid itinerary with the Health Division may result in permit suspension and/or citation.*

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

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

Itinerary Valid from the Following Dates: \_\_\_\_\_ to \_\_\_\_\_ Page: \_\_\_\_\_ of \_\_\_\_\_

List prepared or prepackaged food served:

\_\_\_\_\_

\_\_\_\_\_

Vending Operation Site Address	Days at This Location	Start Time	End Time
	(circle all that apply)		
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
Base of Operation Service Visit	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.
Base of Operation Service Visit	Sun. Mon. Tues. Wed. Thu. Fri. Sat.	AM. PM.	AM. PM.

(Please submit additional itinerary pages if needed)

\_\_\_\_\_  
Owner/Responsible Party Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date



# City of Mesquite

## Health Division

1515 N Galloway Ave. Mesquite, TX. 75149

Phone: 972-216-8138

### RESTROOM AGREEMENT LETTER

Name of Mobile Food Facility Operation: \_\_\_\_\_

Owner: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Location of Mobile Food Facility Operation: \_\_\_\_\_

\*Note: Restroom must be located within 500 feet of the operating Mobile Food Unit

This section is to be completed by the owner/operator of the facility, which will be used by the above-named operation to use their restroom facilities. **This agreement is not valid until approved and signed by an authorized representative of The City of Mesquite Health Division. This Division reserves the authority to revoke this agreement for cause at any time.**

Name of Facility: \_\_\_\_\_

Address of Facility: \_\_\_\_\_ City: Mesquite State: TX. Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Hours: Monday-Friday: \_\_\_\_\_ to \_\_\_\_\_ Saturday: \_\_\_\_\_ to \_\_\_\_\_ Sunday: \_\_\_\_\_ to \_\_\_\_\_

Day(s) of the week when vendor will be using your restroom: \_\_\_\_\_

Time of day the vendor will be using your restroom: \_\_\_\_\_

The above-named vendor has my permission to use my restroom facilities at the above stated facility. I agree to provide a functioning toilet, handwash sink with hot and cold running water, soap, paper towels for the vendor to use. I understand the facilities need for use of my restroom facilities is to prevent foodborne illness to its patrons.

I declare the information above to be accurate and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

As an authorized representative of the Department, I am familiar with the above facility and have verified that it meets standards for a functioning restroom.

\_\_\_\_\_  
Health Division Signature

\_\_\_\_\_  
Date





# City of Mesquite

## Health Division

1515 N Galloway Ave. Mesquite, TX. 75149

Phone: 972-216-8138

### Mobile Food Unit Checklist

#### Mobile Food Unit Applicant:

- Read and understood Mobile Food Unit Requirements
- Read and understood Base of Operations Requirements
- Completed and submitted Mobile Food Unit Application
- Scheduled required inspections with Fire Department (if required 972-216-6267) and Health Division (972-216-8138)
- Submitted copy of current automobile insurance card
- Submitted copy of current DMV registration receipt
- Submitted copy of valid Texas Driver's License (person applying for the permit)
- Submitted copy of Food Manager certificate, if required
- Completed and submitted Base of Operation Agreement Form
- Read and understood Facility Service Log
- Completed and submitted Itinerary Sheet
- Completed and submitted Restroom Agreement Letter
- Submitted Check List to Health Division

#### Health Division Use Only

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

- Applicant submitted Mobile Food Unit Application
- Applicant scheduled required inspections
- Applicant passed required inspections
- Applicant submitted current automobile insurance card
- Applicant submitted copy of current DMV registration receipt
- Applicant submitted copy of valid Texas Driver's License
- Applicant submitted copy of Food Manager certificate, if required
- Applicant submitted Base of Operation Agreement Form
- Applicant submitted Facility Service Log
- Applicant submitted Itinerary Sheet
- Applicant submitted Restroom Agreement Letter

Received on: \_\_\_\_\_ Received by: \_\_\_\_\_