



**BUSINESS LICENSING & VERIFICATION SECTION
SCHOOL/ROADSIDE VENDOR/MOBILE UNIT
FOOD ESTABLISHMENT PERMIT APPLICATION
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP
(Health and Safety Code, Chapter 437)**

BUDGET ZZ106
FUND: 167
PERMIT #:

Return the completed application and **non-refundable** fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Foods Business Filing and Verification Group, MC 2003,
PO Box 149347, Austin, Texas 78714-9347
Do not send cash, please send check or money order.
You may contact our office at: (512) 834-6626 or
visit our website at: www.dshs.texas.gov

If you are a retail food establishment or a retail food store, contact this office at (512) 834-6626 for the correct application.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: (____) _____

Is physical address within the city limits? Yes No

- Exemptions from Retail permitting:
- Licensed by the Texas Department of State Health Services as a food manufacturer **AND** paying a higher fee; or
 - Inspected and permitted by County or Public Health District; or
 - Non-Profit as a 501(C) organization.

**FEE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP
A Non-refundable fee of \$258.00 is due for each establishment or unit**

- School Food Establishment** - operated on a for-profit basis by a private contractor.
- Roadside Food Vendor (mobile food store)** - a person who operates a mobile retail food store from a temporary location adjacent to a public roadway or highway. (Potentially hazardous foods shall not be prepared or processed by roadside food vendors.)
- Mobile Food Unit** - a vehicle-mounted mobile food establishment designed to be readily moveable.
An initial inspection must be performed after payment and prior to permit issuance.

Late Fee - A person who files a renewal application after the expiration date must pay an additional \$100.00.
ANY RETURNED CHECKS RECEIVED AFTER EXPIRATION DATE WILL BE ASSESSED THE \$100.00 LATE FEE.

MOBILE FOOD UNIT AND ROADSIDE FOOD VENDOR INFORMATION

Type of Unit: Truck Van Trailer Pushcart
 Other

Description of Vehicle
 Make _____ Model _____

Vehicle Identification/Serial No. _____

Year ____ Size _____ Color _____

Unit No. and/or Truck No. _____

License Plate No./State _____

List Foods To Be Sold _____

Central Preparation Facility (CPF) This applies to Mobile Food Units only:

Name, Address, City, State: _____

CPF Permit #: _____ Issued by: DSHS **OR**

Other (please specify) _____

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a Sole Proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 437 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 228 & 229, and agree to abide by them.

 Signature

- OWNER
- PARTNER
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

 Date

 Printed Name & Title

EF23-10859

3/23/2017

Please allow 4-6 weeks for processing.

Visit our website at: www.dshs.texas.gov

Please address **correspondence only** to:

Texas Department of State Health Services

BF&VS, Foods Business Filing and Verification Group, MC 2835

PO Box 149347

Austin, Texas 78714-9347

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Also your 9 digit Federal Employee Identification Number (EIN).

Tax Payer #

EIN #

- - /

Complete the one box on this page or the next that relates to the type of ownership of your business.

Sole Owner / Proprietorship

Name of Sole Owner: _____

Residence Address

Driver's License

Partnership **LP** **LLP** **LTD**

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____

ADDRESS

CITY

ST

ZIP

Partner Name: _____

Residence Address

Driver's License

Partner Name: _____

Residence Address

Driver's License

Partner Name: _____

Residence Address

Driver's License

REVISED 03/23/17

A PERMIT CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE

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