

**MOBILE FOOD UNIT**  
**VARIANCE REQUEST TEMPLATE FOR A CENTRAL PREPARATION**  
**FACILITY (CPF)**

**CENTRAL PREPARATION FACILITY REQUIREMENT:**

According to the Texas Food Establishment Rules (TFER) §228.221(b)(1), a Mobile Food Unit (MFU) must operate from a licensed Central Preparation Facility (CPF) or other approved retail food establishment. The mobile food unit should report to such location(s) daily for supplies and for cleaning and servicing operations. Servicing operations include the flushing and drainage of liquid wastes and the filling of potable water. The area where potable water is obtained and wastewater is disposed of is called the servicing area.

The mobile food unit operator must provide a signed letter of authorization during the pre-licensing inspection if the establishment is not owned by the operator. The most recent health inspection for the CPF shall be maintained on the MFU for review.

**VARIANCE REQUEST:**

It is highly encouraged to seek a location that can serve as a central preparation facility (CPF), which can be a restaurant or manufacturing facility that meets the Texas Food Establishment Rules. In the case a CPF is not available AND you have the ability rely solely on the mobile food unit's storage and preparation space, please proceed to fill out the variance request. If approved, this will allow the MFU to operate without a CPF in Texas DSHS jurisdiction. An approval letter will be issued and shall be maintained on the MFU. This variance approval is NOT valid in local health department jurisdictions.

**PLEASE READ!!!**

**YOUR VARIANCE REQUEST WILL NOT BE APPROVED WITHOUT SERVICING AREA INFORMATION, INCLUDING A SIGNED LETTER OF AUTHORIZATION FROM THE OWNER OF THE SERVICING AREA THAT GIVES YOU PERMISSION TO OBTAIN POTABLE WATER AND DISPOSE OF WASTEWATER. IF MULTIPLE LOCATIONS ARE USED AS SERVICING AREA, THEN A SIGNED LETTER OF AUTHORIZATION IS REQUIRED FOR EACH LOCATION.**

**\*\*\*A letter of authorization is not required if you own the property. Documents may be requested to show adequate services are provided. \*\*\***

**\*\*\*Provide photos of inside and outside of unit and a menu with application.\*\*\***

**REQUESTOR INFORMATION**

Name of establishment: \_\_\_\_\_ License/File number: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Public health rationale must be provided as justification for the variance. To provide the necessary rationale, please answer "Yes" or "No" to the statements below. Some of the statements will ask for more information. **You must provide the requested information.** You may provide additional pages or pictures for your explanations.

<b>Variance Request Rationale</b>	<b>Yes/No</b>
There is sufficient space required for food storage, preparation, cooking, cooling or otherwise handling food to prevent cross contamination and other health hazards.	
All food, food equipment, utensils and single service articles are stored on the MFU in a manner to avoid contamination as specified in TFER.	
The manual warewashing sink compartments are large enough to immerse all equipment and utensils on the unit to be properly washed, rinsed, and sanitized.	
Potable water is obtained from an approved source and NOT an untested private water well OR a private residence. The potable water tank shall be permanently installed.  <b>Provide physical address of the facility from where potable water will be obtained:</b>	
Sewage and other liquid wastes are removed from the Mobile Food Unit at an approved waste servicing area or by a sewage transport vehicle in such a way that a public health hazard or nuisance is not created. This CANNOT be done at a private residence. The MFU must have a permanently installed waste retention tank.  <b>Provide physical address of the wastewater disposal facility:</b>	
All food handling preparation is required to take place inside the mobile food unit. No food preparation, food storage, dry storage, etc. will take place at a private residence or at any other location.	

**PLEASE REMEMBER!!!**

**IF APPLICABLE, PLEASE INCLUDE YOUR LETTER OF AUTHORIZATION FOR THE SERVICING AREA. THIS CAN BE A PHYSICALLY SIGNED HANDWRITTEN LETTER BY THE OWNER OF THE SERVICING AREA. FAILURE TO DO SO WILL CAUSE DELAY IN YOUR PERMITTING PROCESS.**

I, \_\_\_\_\_, owner or authorized manager (circle one), request a variance of rule §228.221(b)(1) concerning the requirement for a Central Preparation Facility. In good faith, I have accurately answered all of the questions related to my request.

Signature of owner or authorized manager: \_\_\_\_\_

Date: \_\_\_\_\_

Submit your request by mail, fax, or email to:

Texas Department of State Health Services  
Retail Food Safety Operations  
PO Box 149347 MC1987, Austin, Texas 78714-9347

Or Fax to

Texas Department of State Health Services  
Retail Food Safety Operations  
Attention: Compliance Officer  
(512) 206-3791

Or Email to

[HACCPVarianceRequest@dshs.texas.gov](mailto:HACCPVarianceRequest@dshs.texas.gov)