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)

Return the completed application and non-refundable fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Cash Receipts Branch 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 ☐ Licensed by the Texas Department of State Health Services as a
from Retail
    permitting: ☐ 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 $100.00 late fee
A late fee is not required for a change of ownership or initial application.
# MOBILE FOOD UNIT AND ROADSIDE FOOD VENDOR INFORMATION

<table>
<thead>
<tr>
<th>Type of Unit: □ Truck □ Van □ Trailer □ Pushcart □ Other</th>
<th>Description of Vehicle</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Make________ Model ________</td>
</tr>
<tr>
<td></td>
<td>Year__ Size ______ Color ______</td>
</tr>
<tr>
<td>Vehicle Identification/Serial No.______________________</td>
<td></td>
</tr>
<tr>
<td>Unit No. and/or Truck No. ______________________________</td>
<td></td>
</tr>
<tr>
<td>License Plate No./State ________________________________</td>
<td></td>
</tr>
</tbody>
</table>

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

Printed Name & Title ______________________________________

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REVISED 11/30/2021

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**PURPOSE OF THIS APPLICATION:** Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

Please Note: Initial licenses will expire two years from date of payment receipt by the Department.

- **New (Initial)** - Start Date of Regulated Activity: ____________

- **Change of Ownership (Including legal entity)**
  - Previous owner: ____________
  - Effective Date: ____________
  - Change of ownership (including change of legal entity) requires submission of a new application.

- **Amended**
  - Change of Location [previous location: ____________]
  - Enter the date the change was effective:
  - Change of Name [previous name: ____________]
  - Date: ____________

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application.

- **Renewal**

- **Notice that firm is out of business.** Date: ____________
  - Sign and date. Return for deletion from our records.

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**RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS**

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

<table>
<thead>
<tr>
<th>Name &amp; Title</th>
<th>Residence Address</th>
</tr>
</thead>
</table>

**BUSINESS HOURS OF OPERATION:** ____________m. to ____________m.

**WEBSITE/INTERNET ADDRESS:** http://www.__________

**MAILING INFORMATION** (The license and/or courtesy renewal notice will be sent to the following):

- **Mailing Name:** ____________
- **Mailing Address:** ____________
- **City, State, Zip Code:** ____________
- **Name of Application Preparer (Contact Person):** ____________
- **Telephone Number of Application Preparer (Contact Person):** ____________
- **Fax Number of Application Preparer (Contact Person):** ____________
- **E-mail Address of Application Preparer:** ____________

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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 Unit, MC 2835
PO Box 149347
Austin, Texas 78714-9347

<table>
<thead>
<tr>
<th>LICENSE HOLDER INFORMATION:</th>
<th>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).</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax Payer #</td>
<td>EIN #</td>
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</tbody>
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Complete ONLY one section below 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: ____________________

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PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).