



2025 Change of Ownership Mobile Food Unit Application

Please read and complete the following application carefully. Make sure all information is accurate to prevent a delay in verification and processing. When your application is complete you will be contacted about how to schedule your medallion inspection. Permits will be valid for 12 months after passing inspection.

2025 Change of Ownership Checklist

For your application to be approved **ALL** boxes must be checked

- Application Main Page complete and accurate.
- Plans of the Mobile Food Unit showing the build of the unit and the equipment on the interior.
Drawn layouts must include a floor plan, plumbing diagram, equipment elevations, unit exterior, and a complete equipment lay-out with full details indicated on the drawings.
- Correctly filled out menu disclosure ensuring that all applicable questions are answered.
- Correctly filled out Mobile Food Unit Equipment list.
- Copy of the Sales Tax ID of the business.
- If a restricted mobile food unit (packaged goods only), provide the Food Sales Disclosure Form correctly filled out.





MOBILE FOOD UNIT: CHANGE OF OWNERSHIP APPLICATION

SUBMIT TO: HOUSTON HEALTH DEPARTMENT 8000 N. STADIUM DRIVE PERMIT OFFICE- 1ST FLOOR MON-FRI 7:30 AM-4:00 PM

PLEASE CLEARLY PRINT ALL INFORMATION BELOW

DATE: _____

NEW MOBILE FOOD UNIT NAME: _____

PREVIOUS MOBILE FOOD UNIT NAME: _____

PREVIOUS MOBILE FOOD UNIT ACCOUNT NUMBER: _____

NEW OWNER NAME: _____
(FIRST) _____ (MIDDLE) _____ (LAST) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ MOBILE: _____

EMAIL ADDRESS: _____

ALTERNATE EMAIL: _____

ALTERNATE CONTACT NAME: _____

ALTERNATE PHONE: _____ ALTERNATE EMAIL: _____

PREVIOUS OWNER PLANS SUBMITTED WITH APPLICATION : YES NO

HAS THE MOBILE FOOD UNIT BEEN REMODELED: YES NO

CHANGE OF OWNERSHIP REQUIRES NEW UNIT MEET CURRENT ORDINANCE REQUIREMENTS

NEW MENU DISCLOSURE AND EQUIPMENT SPECIFICATIONS LIST MUST BE SUBMITTED WITH THE APPLICATION

Plans must be provided when turning in application for review. Ensure plans comply with all requirements. Any previously held variances will be null and void with the new ownership and will have to be obtained again if needed.

DO NOT WRITE BELOW THIS LINE

ASSIGNED TO: _____ DATE: _____

UNIT TYPE: RESTRICTED UNRESTRICTED / Pushcart Truck/Trailer/Van

RESULT: APPROVED REJECTED NEW PLANS REQUIRED NEW VARIANCE REQUIRED

CUSTOMER NOTIFIED BY: Email Phone _____ DATE/TIME: _____



HOUSTON HEALTH DEPARTMENT

8000 North Stadium Drive Houston, TX 77054
832-393-5100

HOUSTONCONSUMER.ORG



HOUSTON HEALTH
DEPARTMENT



MOBILE FOOD UNIT MENU DISCLOSURE – UNRESTRICTED (OPEN FOOD/BEVERAGES)

(Submit this form with new mobile food unit plans. Changing ownership must fill out and submit before inspection)

PRINT OR TYPE ALL INFORMATION BELOW CLEARLY

- 1. List food sources: (Stores where foods will be purchased)**

- 2. List all FOODS (MEATS/VEGETABLES/FRUITS/BEVERAGES/SPICES) that will be used on the unit to prepare the products listed on the menu. SALE/PREPARATION/SERVICE OF SOME TCS (TIME/TEMPERATURE CONTROL FOR SAFETY) FOODS MAY BE PROHIBITED (raw, partially cooked, or specialized processes: sushi, ceviche, or sous vide, food manufacturing).**

- 3. Other facility where foods will be prepared and served on the mobile food unit – Establishment Name/Address:**

- 4. Where will all the supplies be stored: (including foods and utensils)? (Check all that apply)**

- On the unit
 Commissary Name and Address: _____
 Other (Provide explanation, such as a permitted food establishment [name and address])

- 5. Will you use leftovers? Yes No / If you marked yes, (DISPOSE OR CONSUME AFTER 2 DAYS)**

- a. Procedures to cool, store, date mark these foods





6. Describe the preparation steps for each menu item including final cooking temperatures of TCS foods.

NOTE: TROMPO, DONER, SHAWARMA, AND SIMILAR FOODS COOKED ON A VERTICAL GRILL MUST NOT EXCEED 10 POUNDS. COMPLETE PREPARATION PROCEDURES MUST BE DOCUMENTED BELOW FROM POINT OF PURCHASE TO SERVICE.

[*Attach additional pages if necessary.]

FOOD / MENU ITEM	STEPS OF PREPARATION PROCEDURES (thawing, washing, cooking, cooling, holding – include temperatures)	INSPECTOR'S NOTES:
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		





FOOD / MENU ITEM	STEPS OF PREPARATION PROCEDURES (thawing, washing, cooking, cooling & holding- include temperatures)	INSPECTOR'S NOTES:
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		
REQUIRED FINAL COOKING TEMPERATURE: <u> </u> ° F.		

Form completed by: Food Service Manager: _____

Signature

Date

NOTE: The Mobile Food Unit owner/operator must present a current City of Houston Food Service Certified Manager in order to receive a Mobile Food Unit Medallion.



HOUSTON HEALTH DEPARTMENT

8000 North Stadium Drive Houston, TX 77054

832-393-5100

HOUSTONCONSUMER.ORG



HOUSTON HEALTH
DEPARTMENT



MOBILE FOOD UNIT EQUIPMENT SPECIFICATIONS LIST

List the Manufacturer and Model Numbers of Equipment Installed on the Mobile Food Unit

All equipment must be NSF, ETL-Sanitation, UL-Classified EPH, CSA-Sanitation and utilized for it's intended use.

Only fill out equipment information for applicable pieces of equipment in use on your MFU.

Custom built items may not have manufacturer nor model however equipment must comply with chapter 20.

EQUIPMENT	MANUFACTURER	MODEL NUMBER
Vent Hood		
Preparation Table(s)		
Reach in Refrigerator(s)		
Sandwich/Preparation Refrigerator(s)		
Grill		
Fryer		
Ovens		
Freezer		
Steamtable		
Food Warmer		
Ice Machine		
2-3 Compartment Sink		
Hand Washing Sink		
Merchandise/Display/Beverage Refrigerator (not intended for open TCS foods)		
Vertical Grill		
BBQ /Smoker		
Roasters		
Sno Cone		
Other		





FOOD SALES DISCLOSURE- RESTRICTED MOBILE FOOD UNITS
(Pre-packaged only: Ice Cream Trucks/carts, trucks, vans, mobile groceries)

PRINT OR TYPE ALL INFORMATION BELOW CLEARLY IN ENGLISH

1. Describe in detail the scope of work (the mobile food unit operation)
-
-
-

Is 50% of operation Delivery Service? Yes No

If yes, the City of Houston does not permit **DELIVERY UNITS** and a permit will not be issued.

I understand that my unit must be empty at the end of my operation and food can only be stored at an approved food service establishment :

Name/address _____

FOODS ARE NOT TO BE STORED AT OR IN ANY UNPERMITTED LOCATION, INCLUDING HOME WITH THE FOODS IN THE MOBILE UNIT

2. List food sources: (Name and Address where the pre-packaged foods will be purchased– foods required to be properly packaged and labeled)
-

3. List ALL TCS (Time/Temperature Control for Safety) and non-TCS foods, that will be maintained on the unit:
-

4. HOW WILL TCS FOODS BE PROTECTED FROM CONTAMINATION during storage?
-

5. How will you verify that your TCS foods are stored/held at 41° F or below or 135° F. or above/or frozen?

- Provide indicating thermometer inside of refrigerator/freezer.
 Cold holding commercial equipment provided: List Manufacturer and Model Numbers for all refrigeration/freezer units:
-

6. How will refrigeration units maintain temperatures? GENERATOR/PLUGIN AT OPERATIONAL SITE?

Form completed by: Owner/ Manager/Representative

