



2301

**DRUGS & FOOD SAFETY LICENSING BRANCH
MOBILE UNIT/ROADSIDE VENDOR/SCHOOL
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

Cash Receipts, 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) 834-6727**.

Apply online at: <https://vo.ras.dshs.state.tx.us>.

This application is for mobile food/roadside/school food establishment where the state has jurisdiction. If you are in a larger city, you may be covered by your local health department. To check jurisdiction, visit <https://www.dshs.texas.gov/retail-food-establishment> or call **512-834-6727**.

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: <input type="checkbox"/> Truck <input type="checkbox"/> Van <input type="checkbox"/> Trailer <input type="checkbox"/> Pushcart <input type="checkbox"/> 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

Date

PRESIDENT

CORPORATE DESIGNEE / AGENT

Printed Name & Title

EF23-10859

1/29/2025

**A PERMIT CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE
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PURPOSE OF THIS APPLICATION: This application is for mobile food/roadside/school food establishment where the state has jurisdiction. If you are in a larger city, you may be covered by your local health department. To check jurisdiction, visit <https://www.dshs.texas.gov/retail-food-establishment> or call **512-834-6727**.

Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

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 of Name [previous name: _____] } change was
 Other: _____ effective 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.

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.

Name & Title _____ Residence Address _____

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: _____

Please allow 4-6 weeks for processing.
Apply online at <https://vo.ras.dshs.state.tx.us> .
Please check jurisdiction before applying as fees are Non-
Refundable or call **512-834-6727**.

Please address **correspondence only** to:
Drugs-FoodSafety@dshs.texas.gov

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 #

A horizontal row of 18 empty square boxes for writing numbers. The boxes are arranged in two groups separated by a vertical slash (/). The first group contains 10 boxes, and the second group contains 8 boxes.

Sole Owner / Proprietorship

Name of Sole Owner:

Residence Address

Driver's License

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

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____

Partner

Partner

Name: _____

Residence Address _____ Driver's License _____

Partner
N

Name: _____

Residence Address _____ Driver's License _____

Partner

Name: _____

Residence Address _____ Driver's License _____

REVISED 01/29/2025

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Association **State Agency**

Name of Association / State Agency:

Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Name:

Name:	Residence Address	Driver's License
	Residence Address	Driver's License

Corporation LLC

Name of Corporation: _____

President
Name:

Residence Address Driver's License

Officer's Name: _____

Officer's Name: _____

Name of Agent: _____

REVISED 01/29/2025

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).