

Central Preparation Facility (CPF) Contract

This document is completed by the owner or responsible party on file of the Central Preparation Facility (CPF). **Only originals dated within 30 days of submittal will be accepted.** The purpose of this document is to verify that an agreement exists between the Mobile Food Vendor and the operator of the registered CPF which allow the Mobile Food Vendor to utilize the CPF facilities in a manner consistent with all Austin Public Health rules, regulations and guidelines. Under the terms of this agreement the CPF operator must adhere to the following requirements:

- **Maintain** a current & valid Fixed Food Enterprise (FFE) permit.
- **Provide** adequate/approved waste disposal facilities for handling waste water disposal, oil/grease disposal, trash disposal, and all other necessary waste disposal (including adequately sized grease trap).
- **Provide** a sanitary area for distributing potable water to mobile units.
- **Allow** the mobile vendor to bring the unit to the establishment for servicing as often as needed.
- **Provide** sanitary adequate food storage facilities for dry goods and items requiring temperature control.
- **Allow** foods to be held/stored overnight at CPF under approved sanitary conditions.
- **Provide** additional storage for equipment and supplies used by mobile vendor (if needed)

Mobile vendors utilizing this CPF may not engage in any food preparation at the facility unless the mobile vendor has obtained an additional Food Establishment Permit for this location.

I _____ have read and understand the items of responsibility listed
CPF Owner / Responsible Party (Print)
above and agree to comply with all of the requirements. I give permission to _____
Mobile Vending Unit Owner/Operator (Print)
of _____ to use my establishment, _____
Mobile Vending Unit Name (Print) Name of CPF (Print)
located at _____ as a Central Preparation Facility for the mobile vending unit.
Address of CPF (Print)

I understand that any health violations of the vendor found at this establishment can be included on the health inspection for this establishment.

CPF Owner Phone: _____
(###) ### - ####

Notary Verification for Austin/Travis County

To be signed in the presence of the Notary after completion of form.

Signature: _____ **Date:** _____
Signature of Central Prep Facility Owner or Responsible Party MM/DD/YYYY

Before me on this date, _____, personally appeared, _____,
MM/DD/YYYY Central Preparation Facility Owner or Responsible Party (Print)

owner or responsible party of, _____, known to me (or proven to me) to
Name of Central Preparation Facility Establishment (Print)
be the person whose name is subscribed to the above "Central Preparation Facility Contract."

Name of Notary: _____ **Expiration:** _____
Name of Notary Public, State of Texas (Print) Notary Commission Expires (MM/DD/YYYY)

Notary Signature: _____ **Notary Seal:** _____
Ink Stamp Only