



**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)**

BUDGET ZZ106  
FUND: 167  
PERMIT #:

Return the completed application and **non-refundable** fee to:  
TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
Foods Business Filing and Verification Group, 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](http://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 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:  Truck  Van  Trailer  Pushcart  
 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
- PRESIDENT
- CORPORATE DESIGNEE / AGENT

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Printed Name & Title

EF23-10859

3/23/2017

**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 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.**

Visit our website at: [www.dshs.texas.gov](http://www.dshs.texas.gov)

Please address **correspondence only** to:

Texas Department of State Health Services

BF&VS, Foods Business Filing and Verification Group, MC 2835

PO Box 149347

Austin, Texas 78714-9347

**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 #**

-  -  /

**Complete the one box on this page or the next 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

REVISED 03/23/17

**A PERMIT CANNOT BE ISSUED UNLESS ALL PAGES ARE COMPLETE**

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**Association**     **State Agency**

Name of Association / State Agency: \_\_\_\_\_

Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  ADDRESS    CITY    ST    ZIP

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

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

**Corporation**     **LLC**

Name of Corporation: \_\_\_\_\_

Corporation Address: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
  ADDRESS    CITY    ST    ZIP

President Name: \_\_\_\_\_  
  Residence Address    Driver's License

Officer's Name: \_\_\_\_\_  
  Residence Address    Driver's License

Officer's Name: \_\_\_\_\_  
  Residence Address    Driver's License

Name of Registered Agent: \_\_\_\_\_  
  Residence Address    Driver's License

REVISED 03/23/17

**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](http://www.dshs.texas.gov) for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).