Permit Fee:	\$200.00	Approved by/Date:	/ Permit #	



Mobile Vending Unit

Health Permit Application - City of Alvin Health Department1100 West Highway 6 • Alvin, Texas 77511 • (281) 388-4325 • Fax (281) 388-4340

Mobile Vending Unit Name: Mailing Address:		Phone:		
Applicant's Name:		DOB.		
Applicant's DL #:		DL State:		
Make of Vehicle:		Plate #:		
Type of Vehicle:		- -		
Submit the following information with the Application \$200.00 Annual Fee - (to be renewed each year)	ation:			
Copy of Central Preparation Facility License (if ap	nlicable)			
Copy of Contract/Agreement with Waste Disposa	1 Company			
Copy of Certified Food Manager's License	Company			
Notarized Letter from Property Owner allowing N	Mobile Vending Unit to C	nerate on Priva	te Property	
NI-4				
Copy of Menu				
Please answer the following questions:			(Circle One)	
Do you operate from a licensed central prepara	ation facility?	Yes	No	N/A
2. If #1 is yes, where is the central preparation			110	
3. Where is the water service supplied from?	,			
4. Where is the black water/sewer/waste dispose	d of?	•		
5. Are all of your items pre-packaged only?		Yes	No	N/A
Owner of Mobile Vending Unit: Name: Address: Mailing Address:		Phone:		
Email:	informational purposes only. You w	vill not receive spam e	mails from the City of	Alvin.
Person Directly Responsible for the Mobile Vend	ing Unit: (Manager, etc.)		
Name:				
Address:		Phone:		
Mailing Address:		Fax:		
Email: Please print - email will be used for	informational	will not receive	mails from the City	Alvie
r teuse prin - eman win ve usea jor	ingormationali parposes only. Toli w	vui noi receive spam ei	mans from the Cuy of	Aivin.
ormation provided on this application is accurate. This es f the right to access to the Regulatory Authority as spec 00 feet of a residence are limited to business operations fr	cified within the Health Co			



CITY OF ALVIN, TEXAS
1100 W. Hwy 6 Alvin, TX 77511 (281) 388-4325 FAX (281) 388-4340 www.alvin-tx.gov

Mobile Food Unit Inspection Checklist

	WWW. Stigov		
Mobile Name:		Phone #:	
Location of Unit:			
Owner/Operator:		License Plate #:	

ner/Ope	rator:		License Plate	:#:		
Type of	f Review: Annual: New Construction: Temporary E	Event: Change of O	wnership: \(\D \)	TE:		
Jr	Temporary 2	enunge of o	,,,,е,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	YES	NO	N/A
Lio	quid Waste Retention Tank provided and Capacity at least 15% larger than the p	otable water storage tank, p	ermanently installed.	120	110	1477
	oped to drain and labeled "wastewater".	otazio mater otorago taritti p	omanomy motanou,			
	otable Water from an Approved Source					
	ot and Cold running water under pressure provided to all sinks.					+
	andwash Sink provided, conveniently located and accessible.					+
	pap, paper towels, detergent and sanitizing chemicals provided.					+
	nree compartment sink provided. Large enough to clean largest equipment / uten	sil				+
	quipment for hot holding and cold holding, adequate to maintain Time / Temperat) foods at required temps.			
<i>/</i> · · ·		tar o common to carety (1 co)	, roome at roquir on terripor			+
	ood products obtained from an Approved Source.	of courage				
	Servicing Area provided for cleaning, supplying, loading of water and discharge of Certified Food Manager employed when TCS foods prepared.	ui sewaye.				
0-		irad\ Maat raaant inan aatiar	a quallable for review			
<u> </u>	entral preparation facility licensed and operated according to TFER (When Requ	irea). Most recent inspection	i available for review.			
	ngle Service articles provided and used.					
	otable water tank provided, labeled "potable water", and installed sloped to drain.					
	otable water inlet equipped with a hose connection of a size or type that prevents	s its use for any other purpos	se, is labeled "potable			
	ater", and provided with a ¾-inch or less inlet connection.					
10.	otable water distribution pipes or tubing constructed and installed in accordance	<u> </u>	ing standards.			
16. Wa	aste servicing connection is different size than the water connection. Waste conr	nection labeled.				
17. Eff	fective Control Measures used for insects, rodents and environmental contamina	ants. Screens at least 16 mes	h/inch			
18. Mc	obile Food establishment constructed of corrosion resistant, durable materials.					
	obile food establishment has easily cleanable, non-absorbent floors, walls and ce	eilings.				
	ounters and tables designed for durability and are easily cleanable.	<u> </u>				
	quipment installed so that it is easily cleanable and is in clean, sound condition.					
	acilities are provided for solid waste storage that is easily cleanable and covered.					
	obile unit readily moveable.					1
	esignated locations for employees to store personal items.					†
	oilet rooms located within 300 feet and accessible to employees during all hours	of operation.				1
	enu Provided	·				
	usiness name posted on 2 sides of the MFU; greater than 3 inches in size.					
	FCI protection required for 15A and 20A receptacles					1
	quipment that produces grease vapors and smoke require a Type 1 Hood.					
	ass 1 Hood must extend 6 inches' overhang past any appliance edge.					
	otarized Permission for Property Owner (on City Property must have City Manage	ger permission)				_
	FU parked more than 25 feet from edge of roadway.	g p				
	ABC fire extinguisher rated at 4A 40BC less than 1 year old or serviced annual	lly				†
	ass 1 hoods shall have a fixed suppression system that is inspected and service	•				
	ass 1 hood requires an additional Class K fire extinguisher that is less than 1 ye					†
	enerators (not truck mounted) must have an additional 5# ABC fire extinguisher		or serviced annually		1	
	opane cylinders shall be securely mounted on the exterior of the vehicle.	jodi ola	2			†
	ne exit path shall not be obstructed and door hardware shall be single action.					+
	ne placement of the mobile unit shall not interfere with fire lanes, fire hydrants or	r fire exits from other proxim	ate structures			+
COMMI	·	S SAME FROM OUTON PROMITE	0 u 0	<u> </u>	1	.1
COMINI	ENIO.					
Owner/0	Operator:	Printed Name:				
Inspecto	•	Printed Name:				-
mspecti	UI.	TIMEGINAIIIC.				
Apr	proved: This Unit meets the minimum standards of the Tex	xas Department of State I	Health Services.			

Not Approved: _____ This Unit does NOT meet the minimum standards of the Texas Department of State Health Services.

Restroom Availability Letter

within 300 feet of the mobile food unit. The restroom is available AND HOURS: (state days of week)	me of mobile unit) my business. on the followin	This restroom	
of	me of mobile unit) my business. on the followin ding a.m. and p.m.)	This restroom	
of	me of mobile unit) my business. on the followin ding a.m. and p.m.)	This restroom	
and his/her employees, to use the restroom located within within 300 feet of the mobile food unit. The restroom is available AND HOURS:(state days of week) (state hours, inclu	my business. on the followin	This restroom	
and his/her employees, to use the restroom located within within 300 feet of the mobile food unit. The restroom is available AND HOURS:(state days of week) (state hours, inclu	my business. on the followin	This restroom	
	on the followin	ng days:	
AND HOURS:(state days of week) (state hours, inclu	ding a.m. and p.m.)		his restroom.
		finspecting tl	his restroom.
		finspecting tl	his restroom.
The City Of Alvin Health Inspector has my permission to enter for	the purpose of	f inspecting tl	his restroom.
The restroom has the following facilities: toilet and toilet paper, has and paper towels. Address of Business Location:			_
Printed name of business owner/manager:			
Signature of business owner/manager:			
Subscribed, sworn to and acknowledged before me by		, this	day of
·			

Notary Public, State of Texas

Property Agreement Letter

(person signing letter)				of the followi	ng	
(person signing letter)		(write "owner" or '	'manager")		8	
property:	,			give permi	ission to:	
(business' name)		(property address)		8 1		
	of					
(mobile food unit owner's name)	01 _		(name of mobi			
o operate his or her mobile unit on t	he above st	ated property.				
Property Owner's Name (if signer is not	owner):					
Property Owner's Phone Nu	nber:					
Property Owner's add	dress:					
Printed name of business owner/man	ager:					
Signature of business owner/man	ngor:					
Signature of business owner/man	lager:					
Subscribed, sworn to and acknowledged before	e me by				, this	day of
	, <u></u>					_ ,
	Public, State					

Note: Person signing letter must be the property owner or someone with the legal authority to authorize property use on behalf of owner (i.e. leasing agent or the contract authorizes sub-leasing of parking lot)



City of Alvin Mobile Food Vendor and Special Event Fire Prevention Checklist

Extinguisher Requirements

All cooking vendors are required to have at least one extinguisher.

At least one class ABC extinguisher with a minimum of a 4A40BC rating. (5#)

- Visible current inspection (date on tag or date of MFG less than one year)
- Fully Charged (gauge indicates full)
- Located within 30 feet of commercial type cooking equipment.



Does your cooking operation produce grease-laden vapors? (grills, fryers) If so, in addition to the portable extinguisher listed above your operation requires;

Class K rated portable extinguisher.

- Visible Current inspection (date on tag or date of MFG less than one year)
- Fully Charged (gauge indicates full)
- Located within 30 feet of commercial type cooking equipment.





Does your cooking operation produce grease-laden vapors required to be exhausted through a commercial kitchen exhaust hood and duct system?

If so, in addition to the portable extinguishers listed above your operation requires; Commercial kitchen exhaust hood and duct system with an automatic fire extinguishing system. (Class I hood with fixed suppression system)

Visible Current inspection (date on tag or date of MFG less than six months)

Compressed Gas

LP/Propane cylinders are properly secured and remain secured by one of the following methods, unless actively being refilled;

- Nested and secured by one or more restraints.
- Secured by one or more restraints to a fixed object.
- Minimum of 10-foot clearance from any trash or combustible material.
- Not kept in passenger area of vehicle

Egress and Emergency Access

The placement of the concession operation must not interfere with fire lane, fire break, fire hydrant, or exit access of any proximate structures.

Tents

All tents shall be tied down and secure to the ground. Tents greater than 700 square feet require a separate permit from the fire marshal. Tents greater than 700 square feet shall be flame retardant and have a 5# fire extinguisher.

Generators

Generators shall be 10 feet from any tent or structure and shall have their own 5# fire extinguisher.

Frequently Asked Fire Questions:

Why am I required to have a Class K Extinguisher?

Cooking operations that involve deep frying or similar processes can lead to fires that cannot be controlled with the Dry Chemical type ABC extinguishers. Class K extinguishers emit a Low PH Wet Chemical Agent in a fine mist that helps prevent grease splash and fire reflash while cooling the appliance. Some advantages are:

- . Precise extinguishing agent application
- Excellent for use on all cooking appliances
- . Less corrosive and cleaner than Dry Chemical powders

What size Class K Extinguisher do I need?

A 1.5 gallon (6 liter) Class K extinguisher is sufficient for up to 4 fryers with a maximum capacity of 80 lbs each. Larger deep frying operations may require an automatic hood suppression system.

What is the best way to secure and transport LPG cylinders in a vehicle or trailer?

All LPG cylinders should be secured during transport and must be isolated from the interior or passenger areas. LPG Cylinders must also be kept away from open flames and other heat sources such as generators. ASME cylinders are generally permanently mounted around the exterior and all appliances are piped outside of the passenger / work area to the bottle. Portable cylinders must also be isolated from the passenger / work area. They can be securely mounted on the outside or placed in a gastight compartment that prevents vapors from entering the passenger/work area. LPG Cylinders should never be transported or installed inside a vehicle passenger area.

Where will I be inspected?

Initial and renewal inspections take place in conjunction with Food Service inspections. All mobile food vendors operating in the City of Alvin are subject to inspection in the field.

Does the Fire Code Inspection cover only the items listed on the checklist? What are they?

The checklist provided covers some of the most common concerns with mobile food operations, but additional items are subject to inspection:

- . Electrical wiring all wiring in safe manner, not exposed to elements or public
- . Access / egress sufficient exits for escape in the event of fire, not blocked or locked
- . Check out the self-inspection form on the fire marshal's web page
- . http://www.alvin-tx.gov/users/0001/Fire/Fire%20Marshal/Self_Inspection_Checklist_1.pdf

Please contact the City of Alvin Fire Marshal's office with any questions you may have.
281-331-7688

302 W. House Street, Alvin, Tx 77511