



CC/SCH/RDSDE/MBILE

REGULATORY LICENSING UNIT
CHILDCARE/SCHOOL/ROADSIDE VENDOR/MOBILE UNIT
FOOD ESTABLISHMENT PERMIT APPLICATION
INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP
(Health and Safety Code, Chapter 437)

Return both the completed application and non-refundable fee to:
TEXAS DEPARTMENT OF STATE HEALTH SERVICES
Foods Licensing Group MC 2003, PO Box 149347, Austin, Texas 78714-9347
You may contact our office at: (512) 834-6626

BUDGET: ZZ106
FUND: 167
PERMIT #:

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 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. Please sign, date and return the application.

FEE SCHEDULE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP

Non-refundable fee

- Child Care Center - a facility that is licensed by regulatory authority to receive 13 or more children for care, that prepares food for on-site consumption. \$ 258.00
School Food Establishment - operated on a for-profit basis by a private contractor. \$ 258.00
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.) \$ 258.00
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. \$ 258.00 (Per Unit)

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.

Type of Unit: Truck Van Trailer Pushcart Other
Vehicle Identification/Serial No.
Unit No. and/or Truck No.
License Plate No./State
Description of Vehicle
Make Model
Year Size Color

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 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, CHAPTER 229, AND AGREE TO ABIDE BY THEM.

Signature Date
Printed Name & Title
OWNER
PARTNER
PRESIDENT
CORPORATE DESIGNEE / AGENT

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts.

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Complete the one box below that relates to the type of ownership of your business.

Sole Owner / Proprietorship

Name of Sole Owner: _____
Residence Address Drivers License Number

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

Name of Partnership: _____

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

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Partner Name: _____
Residence Address Drivers License Number

Association **State Agency**

Name of Association / State Agency: _____

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

Name: _____
Residence Address Drivers License Number

Name: _____
Residence Address Drivers License Number

Corporation **LLC**

Corporation Name: _____
Date and Place of Incorporation

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

President Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Officer's Name: _____
Residence Address Drivers License Number

Name of Registered Agent: _____
Residence Address Drivers License Number