



CITY OF BAYTOWN

HEALTH DEPARTMENT
Community Service, Environmental Health, Mosquito Control,
Neighborhood Protection, and Animal Services

220 W. Defee
P.O. Box 424
Baytown, Texas 77522-0424
Phone: (281) 420-5384
Fax: (281) 420-7184

Application for: MOBILE FOOD UNIT

- Plan Review Fee Renewal Form Year 202_____
- New Mobile Food Permit Change of Ownership

PLEASE PRINT – **Do not leave any blanks**, failure to do so may result in your application being rejected.

Name of Business: _____ Phone: _____

Owner's Name: _____

Owner's DOB: _____ Owner's TX Driver's License#: _____

Street Address: _____ Zip: _____

Contact E-mail address: _____

Address Where Unit Is Stationed When Not In Use: _____

City/ State: _____ Zip: _____ #of Employees _____

Mobile Unit Make/Model: _____ Mobile Unit Serial # _____

Mobile Unit State Registration #: _____

Commissary Name: _____ Commissary Phone: _____

Commissary Address: _____ City/State _____ Zip: _____

Corporate Officer(s) *if applicable*: _____

Signature of Applicant: _____ Date: _____

Late fee of \$100.00 will be added if payment is not received by January 31st of each year.

All other required documentation listed on page 2 and 3 must be turned in with this application

_____ **Submission of Plans.** Prior to the issuance of a permit, the operator of a mobile food unit, other than a restricted operations mobile food unit, shall provide the following to the department:

- a. *A written standard operating procedure* for each mobile food unit that must include provisions for:
 1. Food unit's waste water disposal site and process; and
 2. Other servicing operations details; and
- b. *Two sets of drawings* that must clearly specify and address the proposed layout, surface finish schedule, arrangement and construction material of the mobile food unit, and that must include, without limitation, the proposed layout, arrangement and sizes of plumbing fixtures and connections.

Submission of plans is not applicable to permit renewals, provided that the applicant certifies in writing that the procedures and plans previously provided are still valid and have not changed.

_____ **Locations of Operations.** Prior to the issuance of any permit, the operator of a mobile food unit, other than a restricted operations mobile food unit, shall submit to the department a *list of locations where the mobile food unit will be in operation*.

No mobile unit may operate on public rights-of-way or public property without the prior written consent of the city unless operating on property within the ACE zoning district designated by the city for use by mobile food units. No mobile unit may operate for more than twelve (12) hours at any location other than city-designated mobile food unit areas within the ACE zoning district of the City of Baytown. *The operator shall also give written notice at least two (2) business days prior to beginning operations at or relocating operations to any location not currently included on the list of active locations submitted to the department.*

_____ **Operation on Private Property.** Prior to the issuance of a permit, the operator of a mobile food unit, other than a restricted operations mobile food unit, that will be operated on private property shall submit to the department proof of the applicant's ownership of the property or a signed and notarized written statement from the owner of the property granting permission for operation of the mobile food unit at the proposed location. Such written statement must include the following:

- a. the name, address, email and telephone number of the property owner or authorized agent OR
- b. if the property owner is a partnership or corporation, the name, address, email and telephone number of one of the partners or officers.

A copy of the statement shall be displayed in the mobile food unit in a conspicuous place in plain view of the public at all times. The operator of a mobile food unit shall immediately cease operations and remove the mobile food unit from the property upon receipt of a notice of a violation of this subsection.

_____ **Access to toilets.** Prior to the issuance of a permit, the operator of a mobile food unit, other than a restricted operations mobile food unit, to be operated on private property shall submit to the department proof of availability of restrooms with flushable toilets for the use of the mobile food unit employees. Such restrooms must be located in a business establishment within 300 feet of each location where the mobile food unit will be in operation. Proof of availability of adequate facilities shall be in the form of a written statement from the owner or authorized agent, which must include the following:

- a. the name, address, email and telephone number of:
 - 1. property owner or authorized agent OR
 - 2. if the property owner is a partnership or corporation, one of the partners or officers.

- b. the type of business and hours of operation during which the restrooms will be available to the applicant.

A copy of the statement shall be displayed in the mobile food unit in a conspicuous place in plain view of the public at all times. The operator of a mobile food unit shall immediately cease operations and remove the mobile food unit from the property upon receipt of a notice of a violation of this subsection.

** _____ **Use of LP-gas.** The operator of a mobile food unit, with which LP-gas is used to cook or prepare food, shall obtain written approval from the **fire department** for the use of LP-gas and LP-gas equipment for each mobile food unit and shall make the written approval available for inspection and/or copying upon the request of the regulatory authority, police chief or fire chief.

_____ **Certified Food Manager Certification.** The operator of a mobile food unit must have and post in a conspicuous place in plain view of the public at all times a current food manager certificate.

*** Please contact:
Baytown Fire Administration
201 E. Wye Dr.
Baytown, TX 77521
281-422-2311
Monday – Friday 8am-5pm*

<p>FOR OFFICE PERSONNEL ONLY:</p> <p>Plan Review \$25 _____</p> <p>Late Fee \$100 _____ (after January 31)</p> <p>Mobile Units</p> <ul style="list-style-type: none"><input type="checkbox"/> \$300 (high risk)<input type="checkbox"/> \$250 (med risk)<input type="checkbox"/> \$100 (low risk) <p>PAYMENT INFO:</p> <p>Payment Type: circle one CASH CREDIT CARD CHECK MONEY ORDER</p> <p>Reference/Check #: _____</p> <p>Payment Date: _____</p> <p>Received by: _____</p>



CITY OF BAYTOWN

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220 W. Defee
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Fax: (281) 420-7184

PROPERTY AGREEMENT LETTER:

To: CITY OF BAYTOWN HEALTH DEPARTMENT

I, _____,
(person signing letter) (write "owner" or "owner's agent")

OF THE FOLLOWING PROPERTY: _____
(property address)

GIVE PERMISSION TO: _____
(name of mobile unit owner)

OF _____
(name of mobile unit)

TO OPERATE HIS/HER FOOD UNIT ON THE ABOVE STATED PROPERTY.

Property owner's address: (required) _____

Property owner's phone number: (required) _____

Property owner's email: (required) _____

Property owner's name (if signer is not owner): _____

Printed name of owner/authorized agent: _____

Signature of owner/authorized agent: _____ Date: _____

Signature of notary: _____

(seal)



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RESTROOM AVAILABILITY LETTER:

To: CITY OF BAYTOWN HEALTH DEPARTMENT

I, _____, _____ OF THE FOLLOWING
(person signing letter) (write "owner" or "manager")

BUSINESS: _____, _____
(business name) (business address)

GIVE PERMISSION TO: _____
(name of mobile unit owner)

OF _____
(name of mobile unit)

AND HIS/HER EMPLOYEES, TO USE THE RESTROOM LOCATED WITHIN MY BUSINESS. THIS RESTROOM IS
LOCATED WITHIN 300 FT OF THE MOBILE UNIT.

(Record address where unit will operate: _____)

THE RESTROOM IS AVAILABLE ON THE FOLLOWING DAYS:

_____ AND HOURS: _____
(state days of week) (state hours, a.m. & p.m.)

Property owner's address: (required) _____

Property owner's phone number: (required) _____

Property owner's email: (required) _____

Property owner's name (if signer is not owner): _____

Printed name of owner/authorized agent: _____

Signature of owner/authorized agent: _____ Date: _____



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Mobile Unit Schedule

Permitted Mobile Unit: _____

Days	Hours	Location(s)
Monday	___ am/pm to ___ am/pm	
Tuesday	___ am/pm to ___ am/pm	
Wednesday	___ am/pm to ___ am/pm	
Thursday	___ am/pm to ___ am/pm	
Friday	___ am/pm to ___ am/pm	
Saturday	___ am/pm to ___ am/pm	
Sunday	___ am/pm to ___ am/pm	

Owner/operator: _____

Approved by: _____

Date approved: _____



CITY OF BAYTOWN

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220 W. Defee Ave.
P.O. Box 424
Baytown, Texas 77522-0424
Phone: (281) 420-5384
health@baytown.org

MOBILE FOOD UNIT APPROVED COMMISSARIES

<u>NAME</u>	<u>ADDRESS</u>	<u>CONTACT</u>	<u>SERVICING PROFILE</u>
Commissary Depot	3811 Des Chaumes Houston, TX 77026	Chris Mitchell (713) 875-2828 dwyash@aol.com	N, G 2 Cleaning Bays
Della Carts*	6405 Brittmore Houston, TX 77074	Frank Dellasala (713) 937-8039 dellacartscatering@yahoo.com	N 2 Cleaning Bays
Diana's Food Service	5407 Willomine Way Houston, TX 77045	Rafael Alvarez (713) 433-5334 dianascommissary@aol.com	G / LK / CS/ DS 7 Cleaning Bays
Distribudor Mi Jalisco Commissary	10602 Bauman Houston, TX 77076	Raul Hernandez (281) 831-4100 or (main number) (713) 691-4006 mijaliscodistribudor@hotmail.com	G 6 Cleaning Bays
El Castello Commissaria	6345 Skyline Dr. Bldg. A Houston, TX 77057	Mohammad Tawaha (832) 732-3486 Mr.Tawaha@yahoo.com	N, G 7 Cleaning Bays
Garcia Brother's Commissary	5739 Dwinnell Houston, TX 77023	Jaime Garcia (409) 932-5093 garciamultiservices@outlook.com	G 2 Cleaning Bays
Magnolia Commissary	1735 Pasadena Houston, TX 77023	Maria Acosta (832) 875-7815 elharagan79@hotmail.com	G/ P/ CS/ DS 1 Cleaning Bay (owner units only)
Marco Commissary*	11806 N. Houston Rosslyn Houston, TX 77086	Marco Murillo Fierro or Angelica Murillo Angelica13009@gmail.com	N 2 Cleaning Bays
Mobile Caterers of TX Commissary	2824 Crane Houston, TX 77026	Charles Smith (713) 222-8231	G 7 Cleaning Bays
Palacios Commissary	6000 Waltrip Houston, TX 77087	Juan Palacios (713) 645-0965 melyriver4ever@yahoo.com	G 4 Cleaning Bays
Southwest Commissary	8331 Beechnut Houston, TX 77036	Taysir (Ned) Zahra (713) 772-2000 swcomisaria@yahoo.com	N 5 Cleaning Bays
Tacos El Guero Commissary	841 Crenshaw Pasadena, TX 77504	Rafael Ortiz (832) 322-2380 Rafaortiz22@gmail.com	N 12 Cleaning Bays
Taqueria Buey Y Vaca Commissary	608 John Alber Rd. Houston, TX 77076	Saul Garcia 713-875-8025 saulgarciajww@sbcglobal.net	G 4 Cleaning Bays
Tastefully Yours Event Production & Catering Commercial Kitchen	701 Volney St La Marque, TX 77568	Keith Martin (409) 370-3700 kmartin@tastefullyyoursevents.com	G / LK / CS/ DS 1 Cleaning Bay
Texas Commissary	212 Harbor Houston, TX 77020	Jeanie Osorio (713) 673-3931 maribelosorio90@gmail.com	G 24 Cleaning Bays
Texas Commissary #2	8121 Castleford Houston, TX 77040	Maribel Osorio (713) 934-7281 maribelosorio90@gmail.com	G 20 Cleaning Bays
Tex-Star Comisaria	502 E. Rogers Houston, TX 77022	Karen Narvaez (832) 203-8282 texstarcomisaria@gmail.com	G 12 Cleaning Bays
Three Brothers Commissary	610 Exchange Houston, TX 77020	Conzaga Morales (713) 675-6277	G 14 Cleaning Bays

Note: This list is neither an endorsement nor a recommendation. It is provided solely as a public service to mobile food unit operators.

There may be other commissaries elsewhere that are approved; this list is only those currently known to the Health Department.

* Harris County jurisdiction

G = Pkg. foods sold to operators
N = Provides servicing of units only

P = Prepares foods for operators
CS = Provides cooler/freezer space

LK = Leases kitchen to operators
DS = Dry storage space provided



Baytown Fire and Rescue Services

Fire Marshal's Office

201 E. Wye Dr.
Baytown, Tx. 77521

281-422-2311
281-420-5367 Fax

MOBILE FOOD VEHICLE FIRE PERMIT APPLICATION

FAILURE TO FILL OUT FORM COMPLETELY WILL RESULT IN A REJECTION

BUSINESS NAME: _____ **DATE:** _____

BUSINESS ADDRESS: _____ **CITY** _____

BUSINESS PHONE#: _____ **ALT. PHONE#:** _____

CONTACT PERSON: _____ **CELL PHONE #:** _____

MOBILE FOOD VEHICLE LICENSE PLATE #: _____

LOCATION / ADDRESS WHERE MFV WILL BE USED: _____

DATE(S) MFV WILL BE USED: _____

PROOF OF LIABILITY INSURANCE: YES ___ **NO** ___

New permit ___ **Annual Permit Renewal** ___ **Change of ownership** ___

Mobile Food Vehicles (MFV's) that are enclosed (truck) or open (trailer) and:

- Are equipped with a gasoline, diesel or electric generator,
- Contains a solid fueled cooking device (i.e. BBQ pit, Hibachi, etc.)
- Are using extension cords or power strips,
- Are using propane or compressed natural gas,
- Have a Type I exhaust hood with or without a fire suppression system,

Shall be inspected by the Fire Department prior to each time it is set up* unless an annual permit has been obtained.

* multi day festivals will usually count as one set up.

Inspections will be performed at the discretion of the Fire Marshal's Office.

An Individual event permit fee (usually a one day use permit) is \$25 (Fire inspection prior to operating).

An annual fire permit fee (unlimited day use permit) is \$150 / year. Annual permits expire on Dec. 31st each year.

(Random inspections will be at the Fire Marshal's discretion)

Be sure to review and check off the MFV Inspection checklist below prior to set up.

OFFICE USE ONLY

FEE AMOUNT: _____ **RECEIPT NUMBER:** _____

PAYMENT FORM: CASH ___ CHECK ___ CREDIT CARD ___ OTHER ___

PERSON RECEIVING PAYMENT _____

INSPECTOR ASSIGNED: _____

BAYTOWN FIRE DEPARTMENT

Mobile Food Vehicle Inspection Checklist



Mobile Food Vehicles (MFV's) equipped with a gasoline, diesel or electric generator, propane or compressed natural gas, Type I exhaust hood with or without a fire suppression system, or a solid fueled cooking device shall be inspected by the Fire Department after each set-up or at least annually. The following is a fire inspection checklist that has been derived from the 2009 International Fire Code to assist you in preparing for your inspection. Check off each item as you check your MFV for compliance prior to the Fire Marshal's arrival.

Extinguisher Requirements

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

At least one class "ABC" extinguisher with a minimum of a 3A-40BC rating.

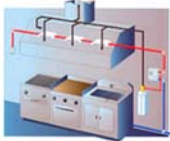
- Visible current inspection tag inspected by a licensed inspector.
- Fully Charged (gauge indicates full)
- Located within 30 feet of commercial type cooking equipment.



Does your cooking operation produce grease-laden vapors? (grills, fryers, woks, etc.)

If so, in addition to the portable extinguisher listed above, your operation requires; A "Class K" rated portable extinguisher.

- With a current inspection tag,
- It must be properly secured and Fully Charged (gauge indicates full)
- Located within 30 feet of commercial type cooking equipment and near the front main exit door.



If your mobile food vehicle is equipped with an automatic fire suppression system in the exhaust hood above the cooking appliances that produces grease-laden vapors then the suppression system must have a current inspection tag.

Compressed Gas

LP/Propane cylinders must be properly secured and remain secured at all times.

- Must be stored on the exterior of the vehicle.
- Must be secured to a fixed object.
- Minimum of 10-foot clearance between other vehicles or other combustible materials.



Emergency Egress

- The means of egress (aisle or walkway) must remain unobstructed at all times.

Miscellaneous

- All wiring must be in good working condition and all switches, outlets and junction boxes must have covers.
- Extension cords are not allowed for permanent wiring.
- Use power strips with overcurrent protection (built-in circuit breakers).
- Multi-plugs are prohibited.
- All electrical switch and outlet boxes must have covers on them.
- General Housekeeping – All areas must be free from trash and grease build-up.

This checklist only covers some of the most common concerns with mobile food vendors, but additional codes within the 2009 International Fire Code or the NFPA Standards are subject to inspection. This checklist does not include Health Department, Building Department, Licensing or State vehicle and trailer inspection and safety regulations.