



HEALTH DEPARTMENT

Environmental Health / Tel 903-893-0131 / Fax 903-465-2978

CHECKLIST FOR OPENING A MOBILE FOOD UNIT

INSTRUCTIONS: (1) Select the appropriate check list box below (2) Follow the steps (3) Submit required fees

<u>A N</u>	IEW MOBILE UNIT WITHIN GRAYSON COUNTY	Required Fees
1.	Complete the <i>Plan Review Application</i> .	
2.	Prepare a blueprint, sketch, or floor plan of the establishment, including equipment, refrigeration	
	units, sinks, ovens/stoves, the warewash area, storage, exterior equipment, cooling units, etc.	
3.	Submit the application, the plan review fee, and the blueprints to the Environmental Health Division at the above address.	Plan Review (\$150)
4.	Check local City Hall requirements for zoning, building, fire, and obtain a Certificate of Occupancy.	Check local City Hall for their fees
5.	The plans will be reviewed. All comments, alterations, or corrections will be returned to the owner.	· · · · · · · · · · · · · · · · · · ·
	All requirements outlined in the Texas Food Establishment Rules and local ordinances must be	
	followed.	
	Any variance requested by the owner shall be submitted to the Environmental Health	
	Division in writing.	
6.	Ensure that all food employees have a food manager or food handler permit.	
	Food manager permits shall be registered with Grayson County Health Department.	
	Complete Found Manager Permit Registration Application the when applicable.	Food Manager Registration (\$50)
7.	When construction is complete, call the Environmental Health Division for a pre-opening	
	inspection (allow 3 business days for scheduling).	
8.	Complete the <i><u>Retail Food Establishment</u> Permit Application</i> and pay the appropriate annual fee.	Annual Fee (\$200)
9.	Food operations can begin. (Post the Retail Food Establishment permit for public display.)	

	Required Fees
 Notify the Environmental Health Division. Some or all of the steps listed above may be required depending on the extent of the remodeling. 	Plan Review (\$150 unless waived)

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re	Notify the Environmental Health Division. Inspection reports of the previous establishment will be eviewed for previous structural or equipment defects. Correction may be required if warranted.	Plan Review (\$150 unless waived)
	f warranted, new owner shall follow the steps in the <pre></pre>	
	Ensure that all food employees have a food manager or food handler permit.	Food Manager Registration (\$50)
	Food manager permits shall be registered with the Grayson County Health Department.	
C	Complete the <i>Food Manager Permit Registration Application</i>	Annual Fee (\$200)
4. C	Complete the <i>Retail Food Establishment Permit Application</i> and pay the appropriate annual fee.	
	Begin operations. (Post the Retail Food Establishment permit for public display)	

Enclosures:

(1) Checklist for Opening a Mobile Food Establishment

(2) Food Manager Permit Registration Application

(3) Retail Food Establishment Permit Application

(4) Plan Review Application

(5) Mobile Food Unit Requirements- (4) pages

(6) Commissary Agreement







FOOD MANAGER PERMIT REGISTRATION APPLICATION

INSTRUCTIONS: (1) Complete all information below (2) Enclose a copy of the food service manager certificate or card (3) **Submit \$50.00 fee to GCHD**

I have received a certificate from a food se I have enclosed a copy. Please register m				
FOOD MANAGER				
Name:(Last)	(F	irst)	(M)	
Home Address:				
City:	State:	Zip:		
Telephone:	Driver License No:	D	ate of Birth:	
Signature:				
<u>ESTABLISHMENT</u>				
Name:				
Address:				
City:	State:	Zip:	Telephone:	
GENERAL MANAGER:		FAX OR E-MAIL	:	
ACCREDITED FOOD SERVICE MANAGE	ER TRAINING COURSE			
Name:				
Certificate No:	Expiration	Date:		

HEALTH DEPARTMENT USE ONLY			
RECEIPT NO:	MANAGER PERMIT EXPIRES:		
DATE PAID:	PERMIT POSTED:		
REGISTRATION FEE: \$50	GCHD CERTIFICATE NO.:		
INITIALS:	MANAGER PERMIT MAILED / DELIVERED:		

GRAYSON COUNTY

205 N Houston Ave., Denison, TX 75021 -3014



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RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

INSTRUCTIONS: 1. Complete <u>all information</u> (include \$50 late fee for delinquent applications) 2. Obtain employee permits* <u>PROVIDE a Copy of all Manager & Handler Permit cards & work roster</u> 3. Return with fee to GCHD

ESTABLISHMENT Renewal	New owner 🛛 🗆 Name or location	on change <u>OWNER</u>			
Name:		Name:			
Address:					
City:					
Tel:	Fax:	Tel:	Fax:		
General Manager:		APPLICANT'S NAME :	Cell :		
E-Mail:					
Send permit and renewal notice to:					
TYPE OF OPERATION	DAY AND TIME	*EMPLOYEE PERMITS (This section must be co	ompleted)	
Restaurant or Cafeteria	OF OPERATION		Dept. By law, a <u>registered</u>	Grayson County Health Dept Permit #.	Total
School	Mon	manager shall be on duty Names: (LIST ADDITIONAL MANAGERS ON BACK)	Expires:	Femilie #.	Managers
Convenience Store	Tue	· · · · ·	·		
Grocery					
Mobile	Wed				
Concession	Thur				
Day Care (13 or more children)		Food Handlers: Any full or part-time person	handling food or food oguin	mont oxemplos:	Total
Nursing Home/Assisted Living	Fri	Ice handlers Any full of part-time persons Dishwa			Handlers
Snow Cone (No other foods)	Sat	Cooks Bus persons Deliver Butchers, bakers Wait staff Concession		home workers	
Bed & Breakfast (8+ rooms)		TOTAL EMPLOYEES (add Total Manager		gwontoro	<u> </u>
Catering	Sun		E COPY OF PERMIT CAI	RDS	
					
LIQUID WASTE TRANSPORTER:		GRAYSON COUNTY/TCEQ №.	ANNUAL FE	EE SCHEDULE	<u>:</u>
			\$300 6 or mo	re Total Employe	es
NOTE: Only transporters permitted by	y Grayson County may be e	mpioyed to pump grease traps.	\$200 0 to 5 T	otal Employees	
This permit is nontransferable. A new p			\$200 Mobile F	ood Unit	
Nonprofit facilities shall have a 26 USC + postmarked after expiration date. Make THIS IS A PUBLIC DOCUMENT AND IT I	check payable to GCHD. \$30	fee for returned checks. No Refunds.		re Facility ore children)	
			NO FEE Exempt	(IRS verification	ı)
RECEIPT NO:	HEALTH DEPARTMENT USE ONLY PERMIT MAIL	ED:	\$50 Late Fee	e (include in remit	ttance)
DATE PAID:		TED:	NOTE: THE TOTAL		
			SHALL NOT EXCEED ABOVE THROUGHOUT	THE DURATION	OF THE
LATE FEE:		RES ON:	PERMIT. NOTIFY TH IMMEDIATELY IF EMI		
INITIALS:			ADDITIONAL FEE WILL		





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PLAN REVIEW APPLICATION

Submit: (1) Completed Application (2)\$150 Fee (3) Copy of Plans to Denison Health Department

Name of Facility:			
Address of Facility:			
City:		State:	Zip:
Telephone:		Fax:	
Name & Address o	f Owner/Corp:		
Telephone:		Fax:	
Name of person in	charge:		
Email:			
Reason for Applica	tion: _ New _ Remodel _	_ Change of Ownership)
Type of Facility:	_ Food Establishment _ Re _ Child Care Facility _ Swin	tail Store _ Mobile Font nming Pool/Spa _ Ot	ood Unit _ Commissary her
Type of Service: D	escribe nature of operation and	menu items:	
Days and Hours of	Operation:		
APPLICANT NAMI	E:	C	DATE:
	HEALTH DE	PARTMENT USE ONLY	
RECEIPT NO.:	DATE PAID:	Fee Paid:	INITIALS:

Rev. 03/23





HEALTH DEPARTMENT Environmental Health / Tel 903-893-0131 / Fax 903-465-2978

PLAN REVIEW FOR A MOBILE FOOD UNIT

Name of Facility:		
Address of Facility:		
City:	_ State:	Zip:
Telephone:	Fax:	

Instructions:

- All requirements in the Texas Food Establishment Rules §228.221, as well as local municipality requirements (if applicable) must be met prior to issuance of the Retail Food Establishment permit. Please note that the owner is responsible for assuring that all food employees have obtained proper permits prior to opening. For your convenience, a list of construction standards are attached.

 Visit the link below to view the Texas Food Establishment Rules: https://texreg.sos.state.tx.us/public/readtac\$ext.ViewTAC?tac_view=4&ti=25&pt=1&ch=228
- 2. Once plans are submitted, an inspector will contact the owner/manager to schedule an inspection of the mobile unit. The mobile unit must be brought to a designated location, determined by the inspector. The unit must be fully operational at the time of inspection, including handwashing facilities, warewashing facilities, refrigeration, and wastewater disposal. The Health Department does not have electrical outlets for mobile unit use. Do not place any food or single-use items in the unit until the Retail Food Establishment Permit is released/approved by the inspector.
- 3. Contact the inspector when construction is complete for a final pre-operational inspection.
- 4. The plans for the above mobile food unit have been reviewed. Please correct the items specified below:

Owner Date	Inspector Ex Date	ct

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MOBILE FOOD UNIT REQUIREMENTS

GENERAL:

- All commercial, non-profit mobile food units shall comply with these standards to operate.
- No unit is allowed to operate without wheels unless it meets all requirements of a food establishment with toilet facilities for employees, and is connected to an approved water source and a sanitary sewer system.
 - These minimum standards are applicable throughout the County (inside/outside city limits).
- _ Some cities have additional requirements (permits and licenses).
- _ Mobile units must remain readily moveable. The Grayson County Health Department prohibits alteration, removal,
- attachments, additions, placement, or change in, under, or upon the mobile food unit that prevents or otherwise reduces ready mobility.
- ____ Mobile units must travel to their approved commissary DAILY for servicing.

SUBMISSION OF PLANS:

- Plans and specifications indicating proposed layout, arrangement, mechanical plan, construction plans of existing or proposed unit, types of equipment by models, names and whether it is new or used must be submitted.
- A food menu shall be submitted for the mobile unit.
- __ The Grayson County Health Department may prohibit the sale of some or all time/temperature control for safety foods.

UTENSIL AND EQUIPMENT CLEANING:

- ____ There must be a three-compartment sink with two drain boards, both made of 18-gauge stainless steel.
- The sink must have hot and cold water from an approved source.
- The sink must be of sufficient depth to completely immerse the largest piece of equipment used in the unit. If the basins are not sufficient the commissary's three compartment sink shall be used.

HANDWASHING:

- There must be a separate lavatory (for washing hands only) with mixing valve or a combination faucet, and hot and cold water. _ There must be single-service towels and soap by hand sink.
- Place a "handwashing only" sign and a "report symptoms and diagnosis information" sign above hand sink.

GENERAL CONSTRUCTION:

- The unit shall be constructed in a manner as to prevent the entry of insects, dust, dirt, or other foreign matter.
- ____ All interior walls, wall coverings, and ceilings shall be smooth, non-absorbent with easily cleanable surfaces.
- ____All other exposed wood surfaces must be smooth, sealed, or painted with epoxy type products.
- ____All edges must be protected, covered, or beveled. Studs, joists, and rafters shall not be exposed.

TOILET FACILITIES:

- ____ Adequate separate toilet facilities must either be provided on the mobile unit or be available at a nearby permanent facility.
- ____ If a nearby toilet is used, the mobile unit owner/operator must obtain a use-contract with the owner/operator of the nearby toilet for the term of the mobile unit's health permit. A copy of the contract must be provided to the Health Dept before a Health Permit can be issued renewed.
- _____ Toilet rooms shall conform to all Building, Plumbing and Health Code requirements.
- ____ Toilet facilities shall be conveniently located and shall be accessible to employees at all times.
- ___ A porta potty is not allowed to be used for a toilet room for employees.

DOORS AND WINDOWS:

- ___ Shall be solid or screened (if used for ventilation), and tight-fitting with "no gaps."
- ____ All doors shall be self-closing.
- Screening shall be at least 16 mesh.

COUNTER SERVICE OPENINGS:

Service openings shall be no larger than necessary and shall be provided with tight-fitting solid or screened doors &/or windows. Service openings shall be kept closed except when in actual use.

VENTILATION:

- ____ There shall be forced air ventilation with suitable filters located over fryers, grills, and stoves to keep unit free from excessive heat, steam, condensation, vapors, and smoke.
- ___ All systems must meet Fire Dept Requirements/Fire Codes and have removable, easily cleanable filters.

FLOOR CONSTRUCTION:

- Floors and floor covering shall be constructed of a smooth, durable material such as durable grades of acid resistant linoleum, or better grades of tile.
- All junctures between floor and walls, equipment, and shelves shall be sealed and covered.
 - Equipment and shelves must be elevated a minimum of 6 inches or sealed to floor.

No carpet is allowed.

WATER SYSTEM:

- ____The unit shall have a portable water system under pressure, and labeled POTABLE WATER.
- _ The water tank, pump, and any hoses shall be flushed and sanitized before being placed in service.
- The system shall be of sufficient capacity to furnish enough hot and cold water for food preparation, utensil cleaning, sanitizing, and handwashing.
- ____ All water connections must meet city/Southern Plumbing Codes.
- ____Hoses shall be food grade, and labeled POTABLE WATER.
- __Documentation shall be provided showing that the potable water come from an approved water source required for the mobile unit.
- __The tank must be sloped to an outlet to ensure complete drainage occurs.
- _The water inlet port must be kept covered at all times with a tight-fitting cap and keeper chain to prevent contamination.
- __Drinking water shall be tested for contamination at request of the inspector.

WASTE RETENTION:

- Liquid waste from the mobile food unit shall be stored in a permanently installed retention tank on the unit that is of at least 15 percent larger in capacity than the water supply tank.
- __Waste tank must be sloped to an outlet to ensure complete drainage occurs.
- ___Liquid waste shall not be discharged from the retention tank when the mobile food unit is in motion.
- __The connection port from the waste holding tank must be a different size than the potable water port.
- __ Receipts must be provided for waste water disposal or documentation provided as to where waste water is being disposed.

BACKFLOW AND BACK SIPHONAGE:

There shall be a vacuum breaker or backflow prevention device at the potable water supply point where the food grade hose connects. The breaker or device shall prevent the contamination of the potable water within the unit and the potable water supplying the vehicle.

REFRIGERATED STORAGE:

- ____Mechanical refrigeration facilities shall be provided to maintain chilled foods at 32 to 41 F, and frozen foods hard frozen.
- Each refrigerator shall have a NSF-listed, non-glass, numerical indicating thermometer.
- ____ lce chests are unacceptable.

LIGHTING:

- ____ At least 50-foot candles of light shall be provided to all surfaces--food preparation, utensil-washing, and handwashing.
- ___All light bulbs shall be shielded to protect against broken glass falling onto food or food surfaces.

OUTSIDE AREAS:

- ___ Outside walking, driving, and parking areas shall be surfaced with concrete, asphalt, or dustless gravel.
- ____ The area shall be graded to prevent pooling and shall have no depressions or potholes.

THERMOMETERS:

- ____Each refrigerator/freezer storing time/temperature control for safety foods shall have an accurate, NSF-listed thermometer.
- A metal stem thermometer (0-220 F) is required for the preparation and hot holding of time/temperature control for safety foods, and utensil/equipment washing.

SANITIZER AND CHEMICAL TEST KITS:

_ Obtain an approved chemical sanitizer for food contact surfaces. The sanitizer must be prepared and available at all times during operating hours.

A chemical test kit is required to test the concentration of the sanitizer solution used (chlorine, quaternary ammonium compound (QAC), etc.)

FIRST AID KITS:

First Aid kit must be available.

GARBAGE/REFUSE CONTAINERS:

- All waste containers (inside and outside the unit) shall be durable, easily cleanable, insect-proof, rodent-proof, nonabsorbent to liquids, leak-proof, and lined with a plastic bag.
- _Containers shall have tight-fitting lids, and shall be kept covered when not in actual use.
- ____There shall be at least one waste container outside.
- __The capacity of outside container(s) shall be sufficient to accommodate all garbage and refuse that accumulates.
- __ If the outside waste unit is designed with a drain plug, the drain plug must be installed at all times.

COMMISSARY/SERVICING AREA:

- _ Mobile food units shall operate from and return to a commissary or other food establishment for servicing <u>DAILY NO</u> <u>EXCEPTIONS</u>.
- ____ A servicing area shall include overhead protection when replenishing supplies, cleaning, and servicing.
- ___ Potable water servicing equipment shall be installed according to law, (hose bib vacuum breaker attached) ensuring that the the water and equipment are protected from contamination.
- The servicing area floor shall be constructed of a smooth nonabsorbent material such as concrete or machine-laid asphalt, and shall be maintained in good repair, kept clean, and graded to drain.
- Within this servicing area, there shall be a location provided for the flushing and drainage of liquid wastes separate from the location provided for water servicing and for the loading and unloading of food and related supplies.
- The mobile food unit liquid waste retention tank, when used, shall be thoroughly flushed and drained during the servicing operation. All liquid waste shall be discharged to an approved sanitary sewerage disposal system.

ICE:

- ____ lce for human consumption shall not come in contact with any food, food products, or drinks.
- ___ Ice must be in a food grade, properly labeled bag (no garbage bags), and filled at point of manufacture or from an approved ice machine.
- ____ All ice shall be dispensed using ice scoops or by mechanical dispenser.
- _____ If ice is used for human consumption, the ice bin must be continuously drained to the waste retention tank.

HOME CANNED/PREPARED FOODS:

- No home-canned or home-processed food is allowed to be sold or given away.
- ____"Cottage Foods" are not allowed to be sold or given away in a Retail Food Establishment.

TOXIC MATERIAL STORAGE:

- ____ All poisonous or toxic materials shall be stored in cabinets or in similar physically separated compartments or facilities used solely for this purpose.
- ____ Toxic materials shall not be stored above or immediately adjacent to or in areas where food or food-related items are handled, prepared, washed, or stored.

FOOD MANAGER CERTIFICATION/PERMITS AND FOOD HANDLER PERMITS:

- ____ At least one on-duty, on-site manager per shift must have a current Food Manager Certificate and Permit issued by the Grayson County Health Department.
- _ All other food employees shall have at a minimum an approved Food Handler Permit issued by an accredited program.
- ____ No Health Permit will be issued until the Certified Food Manager and Food Handler Permit requirements are met.



205 Houston Ave., Denison, TX 75021-3014



HEALTH DEPARTMENT

Environmental Health / Tel 903-893-0131/ Fax 903-465-2978

COMMISSARY AGREEMENT

A commissary/central prep facility must be obtained by all mobile food units. A mobile food unit shall return to their commissary **DAILY** for servicing (no exceptions) TAC Title 25 Chapter 228 §228.221(b)(1). If a mobile unit is not in compliance by traveling back to their commissary **DAILY**, a citation can/will be issued, and/or permit will be suspended until the mobile food unit can come into compliance.

Upon signing below, the mobile food unit operator understands and agrees to the above statement.

Mobile Food Unit Owner's Signature:	Date	:

PLEASE PRINT NEATLY; INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Commissary Name:	Date:
Address:	Phone Number:
The mobile food unit listed below has pern	nission to use my facilities:
Name of Mobile Food Unit:	License Plate #:
Name of Mobile Food Unit Owner:	Driver's License #:
The following services may be performed a	at my commissary by the above unit:
Use of facility at all times	
\Box Have limited access to facility; if yes	, access hours are:
\Box Use of preparation area of the facility	,
\Box Use of utensil washing area of the fac	cility
\Box Use of food storage areas of the facility	ity
□ Wash out mobile unit	
Dispose of waste water	
Fill potable water tanks	
Store mobile unit	
Comments:	
Commissary Owner's Name:	Date:
Commissary Owner's Signature:	