



**CHECKLIST FOR OPENING A MOBILE FOOD UNIT**

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

<input type="checkbox"/> <u>A NEW MOBILE UNIT WITHIN GRAYSON COUNTY</u>	Required Fees
<ol style="list-style-type: none"> <li>1. Complete the <b>Plan Review Application</b>.</li> <li>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.</li> <li>3. Submit the application, the plan review fee, and the blueprints to the Environmental Health Division at the above address.</li> <li>4. Check local City Hall requirements for zoning, building, fire, and obtain a Certificate of Occupancy.</li> <li>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.</li> <li>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 <b>Food Manager Permit Registration Application</b> the when applicable.</li> <li>7. When construction is complete, call the Environmental Health Division for a pre-opening inspection (allow 3 business days for scheduling).</li> <li>8. Complete the <b>Retail Food Establishment Permit Application</b> and pay the appropriate annual fee.</li> <li>9. Food operations can begin. (Post the Retail Food Establishment permit for public display.)</li> </ol>	<p>Plan Review (\$150)</p> <p>Check local City Hall for their fees</p> <p>Food Manager Registration (\$50)</p> <p>Annual Fee (\$200)</p>
<input type="checkbox"/> <u>REMODEL EXISTING MOBILE UNIT</u>	Required Fees
<ol style="list-style-type: none"> <li>1. Notify the Environmental Health Division.</li> <li>2. Some or all of the steps listed above may be required depending on the extent of the remodeling.</li> </ol>	<p>Plan Review (\$150 unless waived)</p>
<input type="checkbox"/> <u>CHANGE OF OWNERSHIP</u>	Required Fees
<ol style="list-style-type: none"> <li>1. Notify the Environmental Health Division. Inspection reports of the previous establishment will be reviewed for previous structural or equipment defects. Correction may be required if warranted.</li> <li>2. If warranted, new owner shall follow the steps in the <input type="checkbox"/> NEW MOBILE UNIT box above.</li> <li>3. Ensure that all food employees have a food manager or food handler permit. Food manager permits shall be registered with the Grayson County Health Department. Complete the <b>Food Manager Permit Registration Application</b>.</li> <li>4. Complete the <b>Retail Food Establishment Permit Application</b> and pay the appropriate annual fee.</li> <li>5. Begin operations. (Post the Retail Food Establishment permit for public display)</li> </ol>	<p>Plan Review (\$150 unless waived)</p> <p>Food Manager Registration (\$50)</p> <p>Annual Fee (\$200)</p>

- 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 service manager training course that is accredited by the Texas Department of State Health Services. I have enclosed a copy. Please register my certificate with the Grayson County Health Department for a \$50 fee as required by law.

**FOOD MANAGER**

Name: \_\_\_\_\_  
(Last) (First) (M)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Driver License No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

**ESTABLISHMENT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

GENERAL MANAGER: \_\_\_\_\_ FAX OR E-MAIL: \_\_\_\_\_

**ACCREDITED FOOD SERVICE MANAGER 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: \_\_\_\_\_



## RETAIL FOOD ESTABLISHMENT PERMIT APPLICATION

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

<b>ESTABLISHMENT</b> <input type="checkbox"/> Renewal <input type="checkbox"/> New owner <input type="checkbox"/> Name or location change Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel: _____ Fax: _____ General Manager: _____ E-Mail: _____ Send permit and renewal notice to: <input type="checkbox"/> Establishment <input type="checkbox"/> Owner	<b>OWNER</b> Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Tel: _____ Fax: _____ <b>APPLICANT'S NAME :</b> Cell : _____ Signature: _____ Print: _____ Date: _____
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<b>TYPE OF OPERATION</b>	<b>DAY AND TIME OF OPERATION</b>	<b>*EMPLOYEE PERMITS (This section must be completed)</b>		
Restaurant or Cafeteria		<b>Food Managers:</b> All certified managers shall be <u>registered</u> with the Grayson County Health Dept. By law, a <u>registered</u> manager shall be on duty during each shift. Names: (LIST ADDITIONAL MANAGERS ON BACK) _____ Expires: _____ _____ _____ _____	Grayson County Health Dept Permit #: _____ _____ _____	Total Managers _____ _____ _____
School	Mon	<b>Food Handlers:</b> Any full or part-time person handling food or food equipment, examples: • Ice handlers    • Bar persons    • Dishwashers    • Day care workers • Cooks    • Bus persons    • Delivery drivers    • Nursing home workers • Butchers, bakers    • Wait staff    • Concession workers    • Food sampling workers		Total Handlers _____ _____
Convenience Store	Tue	<b>TOTAL EMPLOYEES</b> (add Total Managers and Total Handlers)		_____ _____
Grocery	Wed	<b>PLEASE PROVIDE COPY OF PERMIT CARDS</b>		
Mobile	Thur			
Concession	Fri			
Day Care (13 or more children)	Sat			
Nursing Home/Assisted Living	Sun			
Snow Cone (No other foods)				
Bed & Breakfast (8+ rooms)				
Catering				

LIQUID WASTE TRANSPORTER: \_\_\_\_\_ GRAYSON COUNTY/TCEQ No. \_\_\_\_\_

NOTE: Only transporters permitted by Grayson County may be employed to pump grease traps.

ANNUAL FEE SCHEDULE	
\$300	6 or more Total Employees
\$200	0 to 5 Total Employees
\$200	Mobile Food Unit
\$150	Child Care Facility (13 or more children)
NO FEE	Exempt (IRS verification)
\$50	Late Fee (include in remittance)

This permit is nontransferable. A new permit is required for new owners, change of name, or new location. Nonprofit facilities shall have a 26 USC Section 501c3 exemption on file. **A late fee of \$50 is assessed if postmarked after expiration date.** Make check payable to GCHD. \$30 fee for returned checks. No Refunds.

**THIS IS A PUBLIC DOCUMENT AND IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE INFORMATION.**

HEALTH DEPARTMENT USE ONLY	
RECEIPT NO: _____	PERMIT MAILED: _____
DATE PAID: _____	PERMIT POSTED: _____
ANNUAL FEE: _____	<div style="border: 1px solid black; width: 100px; height: 100px; margin: auto;"></div>
LATE FEE: _____	
INITIALS: _____	
	PERMIT EXPIRES ON: _____

NOTE: THE TOTAL NUMBER OF EMPLOYEES SHALL NOT EXCEED THE NUMBER CHECKED ABOVE THROUGHOUT THE DURATION OF THE PERMIT. NOTIFY THE HEALTH DEPARTMENT IMMEDIATELY IF EMPLOYEES INCREASE. AN ADDITIONAL FEE WILL BE REQUIRED.

**GRAYSON COUNTY**

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



**HEALTH DEPARTMENT**

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

**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 of Owner/Corp: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of person in charge: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Application: New Remodel Change of Ownership

Type of Facility: Food Establishment Retail Store Mobile Food Unit Commissary  
Child Care Facility Swimming Pool/Spa Other \_\_\_\_\_

Type of Service: Describe nature of operation and menu items:  
\_\_\_\_\_

Days and Hours of Operation: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH DEPARTMENT USE ONLY			
RECEIPT NO.: _____	DATE PAID: _____	FEE PAID: _____	INITIALS: _____



# 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.
- Ice 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 **DAILY – NO EXCEPTIONS.**

- 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 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 :**

- Ice 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.





**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 permission 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 at my commissary by the above unit:**

- Use of facility at all times
- Have limited access to facility; if yes, access hours are: \_\_\_\_\_
- Use of preparation area of the facility
- Use of utensil washing area of the facility
- Use of food storage areas of the facility
- 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: \_\_\_\_\_