



# CITY OF BAYTOWN

## HEALTH DEPARTMENT

Community Service, Environmental Health, Mosquito Control,  
Neighborhood Protection, Stormwater, 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 31<sup>st</sup> 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 six (6) 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><b>FOR OFFICE PERSONNEL ONLY:</b></p> <p>Plan Review \$25 _____</p> <p>Late Fee \$100 _____ (after January 31)</p> <p>Mobile Units</p> <ul style="list-style-type: none"><li><input type="checkbox"/> \$300 (high risk)</li><li><input type="checkbox"/> \$250 (med risk)</li><li><input type="checkbox"/> \$100 (low risk)</li></ul> <p><b>PAYMENT INFO:</b></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>
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## 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: \_\_\_\_\_



# 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. 31<sup>st</sup> 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.

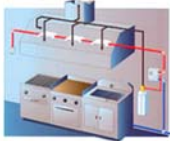


Does your cooking operation produce grease-laden vapors? (grills, fryers, woks, etc.)

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.