



Town of Flower Mound Environmental Services

2121 Cross Timbers Road, Flower Mound, TX 75028
Telephone: 972-874-6340 Website: www.flower-mound.com

MOBILE FOOD TRUCK TEMPORARY PERMIT APPLICATION

A COMPLETED APPLICATION MUST BE RECEIVED A MINIMUM OF 3 FULL BUSINESS DAYS PRIOR TO EVENT

\$50.00 FEE PER EVENT (Maximum - 14 Consecutive Days) PERMIT FEES ARE NON-REFUNDABLE

TAX EXEMPTION PAPERWORK MUST BE ATTACHED TO APPLICATION FOR FEE WAIVER

PLEASE PRINT LEGIBLY OR TYPE APPLICATION INFORMATION

EVENT INFORMATION

NAME OF EVENT or BUSINESS: _____

ADDRESS OF EVENT: _____
Street City State Zip

DATE(S) OF EVENT: _____

TIME(S) OF EVENT: _____ a.m./p.m. TO _____ a.m./p.m.

Food service must be set up minimum 30 minutes prior to start of event

APPLICANT INFORMATION

NAME OF FOOD BOOTH or FUNCTION: _____

OWNER/CONTACT PERSON: _____

ADDRESS: _____
Street City State Zip

PHONE: _____ FAX: _____ E-MAIL: _____

PERSON IN CHARGE ON SITE: _____ PHONE: _____

All units where food is cooked on the truck or have a hot hold unit must schedule a fire inspection with the fire department before the event. Please plan accordingly.

_____ Please initial: My truck has either been inspected within the last year or is exempt from fire inspection.

I understand any permit granted from this application may be revoked for cause. Failure to comply with the Town of Flower Mound rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Temporary Food Establishment Permit and **CLOSURE** of the establishment.

Print Name of Applicant Signature of Applicant Position Date

Below this line is for Environmental Services office use only

(Rev 12/16)

PERMIT NO. _____ FEE PAID _____

APPROVED BY DATE OF APPROVAL

TEMPORARY FOOD PERMIT CHECK LIST

Post a copy of this checklist in your food booth and use it to ensure that you are ready for inspection by the time specified on your permit application. Failure to set-up properly may result in denial of the health permit to operate or limiting the types of foods that may be served.

_____ A person in charge must always be available at the booth while in operation.

- ✓ This person assumes responsibility for the operation of the facility and for food safety.

_____ All foods must be obtained from approved sources and prepared at the booth the day of the event OR received from food prepared in a permitted food establishment.

- ✓ DO NOT STORE FOODS AT HOME
- ✓ DO NOT PREPARE FOODS AT HOME

_____ A readily accessible (<10 feet) hand washing station must be available that is stocked with dispensed liquid soap and a supply of single-use, disposable towels that is provided on a dispenser.

- ✓ NO handling of ready-to-eat foods with bare hands.
- ✓ The use hand sanitizer is NOT a substitute for washing hands.
- ✓ The use of gloves is NOT a substitute for washing hands.
- ✓ WASH HANDS FREQUENTLY
 - Before putting on gloves.
 - Immediately after removing gloves.
 - After handling trash, eating, smoking.
- ✓ The hand washing area is only used for the washing of hands.



_____ Maintain foods at appropriate temperatures.

- ✓ An accurate metal stem thermometer with range of 0°F to 200° F must be available for monitoring the internal temperatures of foods.
 - Hot held foods: 135°F or warmer
 - Cold held foods: 41°F or colder
- ✓ An accurate thermometer is installed in all hot and cold holding equipment.
 - Hot holding equipment: 135°F or warmer
 - Cold holding equipment: 41°F or colder
- ✓ Thawing can be done in a cooler keeping the food at or below 41°F or as part of the cooking process. *You are not allowed to leave food outside to thaw.*
- ✓ **Cook foods to appropriate temperature**
 - Use a stem thermometer to check food temperature.
 - See chart for cooking temperatures



FOOD	MINIMUM COOK TEMP
Hamburger	155°F
Chicken, Poultry	165°F
Seafood, Fish	145°F
Whole meats	145°F

Sanitizer bucket filled with a sanitizing solution of appropriate concentration with wiping cloths for sanitizing food contact surfaces must be provided at all times food is being prepared and being served.

- ✓ Test strips must be available for the type of sanitizer used to test sanitizer concentration.
 - Bleach solution = 50-100ppm.
 - Quaternary ammonia; "QUAT" = 200ppm or per manufacturer's recommendations
- ✓ Maintain sanitizing solution clean and at required concentration.
 - Change solution when cloudy and with food debris.
 - Check sanitizer concentration at least every two hours; change sanitizer when concentration is below required levels.
- ✓ Maintain wiping cloths completely submerged in the sanitizing solution.



Facilities to wash, rinse, and sanitize food utensils/equipment used to prepare and serve food.

- ✓ Containers are large enough to hold ½ the size of the largest item being washed.
- ✓ Three containers to hold:
 1. Detergent solution; replace when visibly cloudy or when suds fail to form.
 2. Clean water to rinse
 3. Sanitizing solution made to recommended concentration.
- ✓ Adequate supply of water
- ✓ Allow items to air dry after being cleaned and sanitized.



Avoid contamination of food, work surfaces, equipment and single-service items.

- ✓ Store items at least 6" off the ground.
- ✓ Provide overhead protection where applicable.
- ✓ Use separate utensils for raw animal products and for cooked/ready-to-eat products.
- ✓ Switch out utensils or wash-rinse-sanitize then every four (4) hours.
- ✓ Store drinks, personal items and chemicals away from food and food contact surfaces.
- ✓ Exclude children, animals, and ill workers from the food booth.
- ✓ No eating, drinking, or smoking in the food area.

Dispose of solid & liquid waste properly as needed.

- ✓ Wastewater must be disposed into an approved sewer or holding tank.
- ✓ Waste receptacle must be available. Properly empty waste container when container is filled.

_____ I received a copy of *TEPORARY FOOD PERMIT CHECK LIST*.

_____ I understand that all items on this checklist must be provided at the time of my scheduled inspection

_____ I understand that if not all items are provided at the time of my inspection that:

- There may be a delay in my being able to serve food until all items on this checklist are corrected.
- The types of food I am able to serve may be restricted
- My authorization to serve foods may be denied

Name of Owner/Operator of Booth: _____

Address: _____

City: _____ State _____ Zip Code: _____

Telephone/email: _____

~~~~~

Name of Temporary Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Name of Event Organizer: \_\_\_\_\_

Organizer's Telephone/email: \_\_\_\_\_

Name of Food Booth: \_\_\_\_\_

Dates/Times when booth will be set up: \_\_\_\_\_

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_