

Notary Statement and Responsibilities of the Central Preparation Facility

These documents are used to attest that the Mobile Food Unit uses a commercial kitchen as its base of operation. This statement should also indicate that the Central Preparation Facility (CPF) has the proper wastewater capabilities for the type of food the Mobile will be preparing.

- All Mobiles shall be stored/parked at the CPF when not in operation.
- CPF shall furnish a written statement of approval specific to each Mobile utilizing the CPF facilities.
- CPF shall furnish the most recent health permit and health inspection documents or Certification in Jurisdiction.
- CPF shall grant the Mobile access to the establishment daily for servicing and disposal of refuse.
- Grease Trap/Interceptor (Arlington): **Yes**
No Industrial Waste Permit # (if applicable)

- CPF shall permit the Mobile to store food, supplies and equipment in the establishment.
- Food held overnight shall be stored in the CPF.
- CPF must be licensed by the State of Texas Health Department as a Food Manufacturer if the establishment prepares or packages products sold by the Mobiles.
- CPF shall provide sufficient means for Mobiles to dispose of wastewater and obtain potable water.

I _____ have read and understand the items of
CPF Owner or Responsible Party (Print)

responsibility listed above and agree to comply with all of the requirements. I give permission to

_____ to use my establishment,
Mobile Food Vending Unit owner/operator

_____ located at _____

Name of CPF Establishment
as a central preparation facility for the mobile food vending unit.

Address of CPF Establishment

Signature of CPF Owner or Responsible Party

Date

Phone Number: _____

STATE OF TEXAS)
)
COUNTY OF TARRANT)

Before me on this day, personally appeared _____, owner or
(Individual's name)

responsible party of _____, known to me (or proven to me) to be the
(Name of Central Preparation Facility)

person whose name is subscribed to the foregoing "Sworn Statement of Central Preparation Facility Use" (City of Arlington only)" and acknowledged to me that he/she executed the same.

Notary Public, State of Texas

NOTARY SEAL
(ink stamp only)

My Commission Expires: _____, 20____

Certification in Jurisdiction of Central Preparation Facility

If the Central Preparation Facility is located outside of the jurisdiction of the City of Arlington, a copy of the current Health Permit and most recent inspection must be provided at the time of permit application. If a current Health Permit and inspection is not available, the applicant must submit the following Certification in Jurisdiction from the Health Authority where the Central Preparation Facility is located:

Name of Food Establishment

I certify that the above establishment is currently approved to operate as a food establishment under my jurisdiction.

Signature of Health Officer/Authority

Date

Jurisdiction

Permit Number _____

Phone Number