



Stationary Pushcart

Stationary Pushcarts must be operated in conjunction with a Central Preparation Facility (Commissary). The Commissary will provide the commercial kitchen facility, food and equipment storage, and adequate storage space for the stationary pushcart itself, when it is not in operation.

Central Preparation Facility

The Central Preparation Facility (CPF) must meet the following requirements:

- Provide a food grade hose for obtaining potable water in the pushcart.
- Provide adequate facilities for storage of food containers, utensils and single service articles, washing and sanitizing of food contact equipment and cleaning of the interior and exterior portions of the pushcart.
- Provide commercial grade equipment for preparation, cooking, and storage of food products.
- Document daily servicing activities, including cleaning and servicing of the pushcart, flushing and disposal of accumulated liquid wastes and restocking, on the CPF log. Logs are to be kept on the pushcart during all hours of operation.
- Provide sufficient indoor space for the pushcart to be stored when it is not in operation.

Stationary Pushcart Application

Applications must include the following documents:

- Completed application (see attachment)
- Completed commissary letter (see attachment)
- Texas Sales and Use Tax Permit (from Texas Comptroller)
- Government issued photo ID
- Food handler card

Stationary Pushcart Requirements

The stationary pushcart must comply with the following requirements:

- Three compartment sink
- Hand washing sink
- Hot and cold water
- Soap and paper towels for handwashing
- Dishwashing soap
- Bleach
- Paper Test Strips for Bleach
- Thermometer in the refrigerator
- Probe thermometer (0°F – 220°F) on the cart
- Overhead covering over the cart

To begin your permit process, please submit the application and required documents to Bill O'Toole by email at Bill.OTOole@ArlingtonTx.gov or in person at Planning and Development Services, located on the second floor of City Hall.

The address for City Hall is 101 W Abram Street, Arlington, Texas 76010.

Based on the address of your location, you will be assigned a Health Inspector. After your application has been processed, you will be provided with your Health Inspector's name and telephone number so that you may contact your Health Inspector to schedule an appointment for your Health Inspection.

After you have passed your Health Inspection, you will need to return to Planning and Development Services to pay your permit fee and receive your permit.

If you have any questions, please contact Bill O'Toole, Health Services Analyst, at 817-459-6693 or Bill.OTOole@ArlingtonTx.gov.



Fee Schedule

Annual Permit Fee	Application Fee	\$450	Master Low Priority.....	\$200
Low Priority	Change of Ownership	\$300	Master Medium Priority.....	\$220
Medium Priority	Duplicate Permit Fee	\$10	Master High Priority.....	\$300
High Priority.....	Reinstatement Fee.....	\$75	Master Stationary Cart.....	\$180
Stationary Cart				

Community Services Department/Health Division Use Only

Date Approved ____/____/____ By: _____ Date Received ____/____/____ By: _____

Inv. Type: _____ Permit Number _____

Application/Change of Owner Fee: _____ Annual Permit Fee: _____

Total Amount Due with Application: _____

Application for Food Establishment Permit

ALL FIELDS MUST BE COMPLETED; PRINT MUST BE LEGIBLE.

Establishment Name _____ (_____) _____
(site phone number)

Establishment Address _____
(street number) (dir) (street name) (suite) (zip)

Days of Operation: _____ Times of Operation: _____

Owner _____ (_____) _____
(owner phone number)

Email Address _____

Owner Address: *(must be different than site address)* _____
(address) (city) (state) (zip)

Emergency Contact: Name: _____ Phone: _____
 Address: _____

Status (please check): Sole Proprietor Partnership Corporation

Bill Recipient: Name: _____ Phone: _____

(address) (city) (state) (zip)

Receive invoices and permits via: Mail Email _____ (required)

I attest that the information provided above is true and accurate. I agree to comply with the City of Arlington Health Code and understand that failure to do so may result in suspension or revocation of the permit. I understand that the permit will lapse if the annual permit fee is not paid prior to the expiration date and that the reinstatement fee must be paid in order to maintain a valid permit.

I further understand that the permit is granted to the above listed owner(s) and is not transferable and that these fees are non-refundable. **Attach copies of the following: Applicant's Drivers License/ID, Texas State Sales Tax Permit, Proposed Menu (if applicable), TABC License (if applicable)**

Signature of Applicant _____ Date _____

Drivers License Number _____ State _____

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

