

**MOBILE FOOD VENDER REQUEST**

**EVENT INFORMATION**

DATE OF REQUEST: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_, TIMES: \_\_\_\_\_

NAME OF EVENT: \_\_\_\_\_

RESPONSIBLE ORGANIZATION: \_\_\_\_\_

COORDINATOR: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

**FOOD VENDOR INFORMATION**

VENDER COMPANY NAME: \_\_\_\_\_

RESPONSIBLE INDIVIDUAL: \_\_\_\_\_

VENDER CONTACT INFORMATION: \_\_\_\_\_

MEDALLION NO: \_\_\_\_\_, EXPIRATION DATE: \_\_\_\_\_

TYPE FOOD SERVED: \_\_\_\_\_

Note: vender may not sell food to individuals, but may cater events for a fee.

The vender has food service liability insurance:      [YES]   [NO]

The vender has vehicle liability insurance:            [YES]   [NO]

**CAMPUS INFORMATION**

PROPOSED VENDER LOCATION ON CAMPUS: \_\_\_\_\_

Note: attach Campus diagram if necessary.

**FOR POLICE DEPARTMENT USE ONLY**

[APPROVED]      [DISAPPROVED]

Chief of Police: \_\_\_\_\_, Date: \_\_\_\_\_

# **MOBILE FOOD VENDER PROCEDURES**

## **MOBILE FOOD VENDER REQUESTS:**

Organizations, groups or individuals associated with the University of St. Thomas wishing to have a mobile food vendor on the campus or at a University sponsored event must comply with the following:

1. Obtain a mobile food vendor request packet from the Police Department no less than twenty-one (21) days prior to the event. The packet will include:
  - A copy of this procedure.
  - Mobile food vendor request form.
  - City of Houston landlord agreement form.
  - City of Houston restroom availability form.
2. Return only the request form to the Police Department as soon as possible to give time sufficient time for review and approval.
3. The request form will be returned to the sponsoring organization, group, or individual with approval or disapproval.
4. The sponsoring organization, group or individual must complete the City of Houston landlord agreement and restroom availability forms and:
  - Fax or email a copy to the Houston Health Department Mobile Food Unit section 48 hours prior to the mobile food unit presence on campus to **Larry Goodman 832-393-5208 fax or email [Larry.goodman@houstontx.gov](mailto:Larry.goodman@houstontx.gov)**
  - The original must be displayed in the mobile food unit.
  - A copy will be filed at the Police Department.

## **RULES / GUIDELINES:**

1. The Police Department will be responsible for authorizing entrance and exit routes to the campus.
2. Mobile food vendors will not be allowed to park on top of the brick pavers in the walkways, nor on or around the seal.
3. Sheet plastic must be placed under the truck to catch any fluid from the vehicle.
4. Mobile food units cannot sell food to individuals in competition with Aramark Dining Services; the vendors may cater an event on campus for a fee, with the sponsoring organization or group paying the catering fee.

### **MOBILE FOOD VENDER REQUIRMENTS:**

Mobile food vendors coming onto the campus of the University of St. Thomas or at a University sponsored event must meet the following criteria.

1. The food truck must have a current Houston Health Department medallion on the back of the truck.
2. The food truck must have current vehicle liability insurance.
3. The vender must have caterers or food service liability insurance.
4. At least one person in the mobile food truck must have a food service manager's certificate.
5. The food truck and all employees/vendors in the truck must comply with Houston Health Department food service regulations.
6. The vender must have a commissary receipt showing food to be cooked and served was purchased no more than 24 hours prior to the event.

### **POLICY:**

Any organization, group, or individual associated with the University or not shall comply with the procedures and guideline for allowing mobile food vendors onto the University campus.

Mobile food vendors not certified by the Houston Health Department or found to be out of compliance with health department regulations will not be allowed on campus.

Mobile food vendors may not sell products to individuals or act in competition with Aramark Dining Services. Mobile food vendors may cater events for a fee.

Mobile food vendors shall have the appropriate caterers liability insurance and vehicle liability insurance.

Mobile food vender's vehicles must be in compliance with the registration and safety regulations of the State of Texas.

Any mobile food vender on the University campus in violation of the University's policies or procedures will be escorted off the campus.

Any individual, group, or organization having a mobile food vender on campus in violation of this policy or procedure will result in the vender being removed from the campus.

The Police Department will be responsible for authorizing mobile food vendors onto campus.



**HOUSTON HEALTH DEPARTMENT**  
Bureau of Consumer Health Services  
Mobile Food Units Program  
832-393-5100

Account Number

**MOBILE FOOD UNIT PROPERTY AGREEMENT LETTER** (Complete all Parts of this Letter)

I, \_\_\_\_\_, \_\_\_\_\_  
(First, Last Name of Person signing Letter) (Write "Owner or Manager")

**OF THE FOLLOWING PROPERTY** \_\_\_\_\_  
(Name of Business)

**LOCATED AT** \_\_\_\_\_ **GIVE PERMISSION TO:**  
(Give full Address; Number and Street/City, State and Zip Code)

\_\_\_\_\_ **OF** \_\_\_\_\_  
(First, Last Name of Mobile Unit Owner) (Name of Mobile Food Unit)

**TO OPERATE THE MOBILE UNIT ON THE ABOVE STATED PROPERTY FOR THE PERIOD:**

**BEGINNING ON:** \_\_\_\_\_ **AND ENDING ON \*** \_\_\_\_\_  
(Start Date for the Agreement) (End Date for the Agreement)

**PROPERTY OWNER'S NAME (if signer is not the owner)** \_\_\_\_\_

**PROPERTY OWNER'S ADDRESS (required)** \_\_\_\_\_

**PROPERTY OWNER'S PHONE # (required)** \_\_\_\_\_

**PROPERTY OWNER'S EMIAL ADDRESS:** \_\_\_\_\_

**PRINTED NAME OF OWNER / REPRESENTATIVE:** \_\_\_\_\_  
FIRST MIDDLE LAST

**SIGNATURE OF OWNER / REPRESENTATIVE \*\*** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF NOTARY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Notes: \*The end date shall not exceed the expiration date of the unit's current mobile food medallion.  
\*\* The person signing this letter must be the property owner or someone with the legal authority to authorize property use on behalf of the owner. (i.e. leasing agent or lessee whose contract authorized sub-leasing of the property)

Falsification of any information provided on this document by any party will make this agreement null and void and may result in the revocation of the mobile food unit's medallion.



**HOUSTON HEALTH DEPARTMENT**  
 Bureau of Consumer Health Services  
 Mobile Food Units Program  
 832-393-5100

Account Number

**MOBILE FOOD UNIT RESTROOM AVAILABILITY LETTER** (Complete all Parts of this Letter)

I, \_\_\_\_\_, \_\_\_\_\_  
 (First, Last Name of Person signing Letter) (Write "Owner or Manager")

**OF THE FOLLOWING BUSINESS** \_\_\_\_\_  
 (Name of Business)

**LOCATED AT** \_\_\_\_\_ **GIVE PERMISSION TO:**  
 (Record full Address; Number and Street/City, State and Zip Code)

\_\_\_\_\_ **OF** \_\_\_\_\_  
 (First, Last Name of Mobile Unit Owner) (Name of Mobile Food Unit)

**AND HIS/HER EMPLOYEES TO USE THE RESTROOM LOCATED WITHIN MY BUSINESS.**  
**THIS RESTROOM I LOCATED WITHIN 500 FEET OF WHERE THE MOBILE FOOD UNIT WILL OPERATE AT:**

\_\_\_\_\_  
 (Record Full Address: Number and Street/City, State and Zip Code where Unit will operate)

**THE RESTROOM IS AVAILABLE ON THE FOLLOWING DAYS:**  
 \_\_\_\_\_ **AND HOURS:** \_\_\_\_\_  
 (Record Days of the Week) (Record Hours and Indicate AM or PM)

**THE CITY OF HOUSTON HEALTH DEPARTMENT INSPECTOR HAS MY PERMISSION TO ENTER FOR THE PURPOSE OF INSPECTING THIS RESTROOM. THE RESTROOM SHALL BE MAINTAINED CLEAN AND PROVIDE THE FOLLOWING FACILITIES: (WORKING TOILET, TOILET PAPER, HAND SINK WITH HOT AND COLD RUNNING WATER, SOAP, PAPER TOWELS OR HAND DRYER)**

**Printed Name of Business Owner or Manager:** \_\_\_\_\_  
 FIRST MIDDLE LAST

**Signature of Business Owner or Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Owner/Manager's Phone Number:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Business Owner's email address:** \_\_\_\_\_

**Signature of Notary:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notes:** This agreement shall be valid only through the expiration date of the unit's mobile food medallion.  
 Falsification of any information provided on this document by any party will make this agreement null and void and may result in the revocation of the mobile food unit's medallion.