# MOBILE FOOD VENDOR REQUEST FORM

## EVENT INFORMATION

<table>
<thead>
<tr>
<th>Date of Request:</th>
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<tbody>
<tr>
<td>Date of Event:</td>
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<tr>
<td>Beginning Time:</td>
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<tr>
<td>Ending Time:</td>
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<table>
<thead>
<tr>
<th>Name of Event:</th>
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<tbody>
<tr>
<td>Organization Having Event:</td>
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<table>
<thead>
<tr>
<th>Coordinator of Event:</th>
<th>Contact Number of Coordinator:</th>
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## FOOD VENDOR INFORMATION

<table>
<thead>
<tr>
<th>Vender Company Name:</th>
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<tbody>
<tr>
<td>Responsible Individual of Vender:</td>
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<tr>
<th>Vender Contact Information:</th>
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<table>
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<tr>
<th>Medallion Number:</th>
<th>Expiration Date:</th>
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<tr>
<th>Type of Food being Served:</th>
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Note: Vender may not sell food to individuals, but may cater event for a fee.

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<tr>
<th>The vender has food service liability insurance:</th>
<th>The vender has vehicle liability insurance:</th>
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<tbody>
<tr>
<td>☐ YES       ☐ NO</td>
<td>☐ YES       ☐ NO</td>
</tr>
</tbody>
</table>

## CAMPUS INFORMATION

<table>
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<tr>
<th>Proposed Vender Location on Campus:</th>
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Note: Attach Diagram if Necessary

## USTPD USE ONLY

<table>
<thead>
<tr>
<th>☐ APPROVED</th>
<th>☐ DISAPPROVED</th>
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<tr>
<th>Chief of Police Signature:</th>
<th>Date:</th>
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MOBILE FOOD VENDER PROCEDURES

I. 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:

a. Obtain a mobile food vendor request packet from the UST Police Department no less than twenty-one (21) days prior to the event. The packet will include:
   i. A copy of this procedure.
   ii. Mobile Food Vendor Request form.
   iii. Mobile Food Vendor Procedures
   iv. Mobil Food Unit Property Agreement Letter.
   v. City of Houston landlord agreement form.
   vi. City of Houston restroom availability form.
   vii. List of Locations Where Unrestricted Mobile Food Unit Operates Form (Only if First Time Vendor)

b. Return only the request form to the UST Police Department at least 2 weeks prior to give time sufficient time for review and approval.

c. The request form will be returned to the sponsoring organization, group, or individual with approval or disapproval.

d. The original forms (Mobile Food Vendor Request Form, Mobile Food Unit Property Agreement Letter, City of Houston Landlord Agreement, and City of Houston Restroom Availability Form) must be displayed in the mobile food unit.

e. A copy of the forms (Mobile Food Vendor Request Form, Mobile Food Vendor Procedures, and Mobile Food Unit Property Agreement Letter, City of Houston Landlord Agreement, and City of Houston Restroom Availability Form) will be filed at the UST Police Department.

f. The first time using a vendor, the vendor must fill out the List of Locations Where Unrestricted Mobile Food Unit Operates Form and return it to Houston Health Department Mobile Food Unit no later than 48 hours prior to the mobile food unit presence on campus:
   i. Sanitarian IV-Supervisor Mobile Food Unit Program: DonMonique Thompson- DonMonique.Thompson@Houstontx.gov
II. RULES / GUIDELINES:
   a. The UST Police Department will be responsible for authorizing entrance and exit routes to the campus.
   b. Mobile food vendors will not be allowed to park on top of the brick pavers in the walkways, nor on or around the seal.
   c. Sheet plastic must be placed under the truck to catch any fluid from the vehicle.
   d. Mobile food units cannot sell food to individuals in competition with UST Dining Services. The vendors may cater an event on campus for a fee, with the sponsoring organization or group paying the catering fee, but must engage UST Dining Services in a conversation about catering event.

III. MOBILE FOOD VENDER REQUIREMENTS:
Mobile food vendors coming onto the campus of the University of St. Thomas or at a University sponsored event must meet the following criteria:
   a. The food truck must have a current Houston Health Department medallion on the back of the truck.
   b. The food truck must have current vehicle liability insurance.
   c. The vendor must have caterers or food service liability insurance.
   d. At least one person in the mobile food truck must have a food service manager’s certificate.
   e. The food truck and all employees/vendors in the truck must comply with Houston Health Department food service regulations.
   f. The vendor must have a commissary receipt showing food to be cooked and served was purchased no more than 24 hours prior to the event.

IV. POLICY:
   a. 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.
   b. 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.
   c. Mobile food vendors shall have the appropriate caterers liability insurance and vehicle liability insurance.
d. Mobile food vendor’s vehicles must be in compliance with the registration and safety regulations of the State of Texas.

e. Any mobile food vendor on the University campus in violation of the University’s policies or procedures will be escorted off the campus.

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

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

V. Filling Out City of Houston Forms:

a. Property Owner:
   i. Dr. Richard Ludwick
   ii. (713) 525-2160
   iii. ludwick@stthom.edu

b. Manager:
   i. H.E. Jenkins
   ii. (713) 525-3888
   iii. Mobile: (713) 321-8097
   iv. jenkinhe@stthom.edu

By signing below, I acknowledge I will comply with all Mobile Food Vendor Procedures:

<table>
<thead>
<tr>
<th>Coordinator of Event Signature:</th>
<th>Date:</th>
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Mobile Food Unit Property Agreement Letter

(Account Number)

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)

______________________________________________________________ (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 Email 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.

THIS DOCUMENT IS REQUIRED TO BE POSTED IN PLAIN VIEW OF THE PUBLIC IN THE MOBILE FOOD UNIT AT ALL TIMES
Mobile Food Unit Restroom Availability Letter

(account number)

I, (First, Last Name of Person signing Letter) (Write “Owner or Manager”)

of the following business ____________________________________________ (Name of Business)

located at __________________________________________________________ (Give full Address; Number and Street/City, State and Zip Code)

give permission to:

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 is 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:

________________________________________________________ (Record Days of the Week) and hours: __________________________________________ (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: ________________________________

Signature of Business Owner or Manager: ________________________________ Date: __________

Owner/Manager’s Phone Number: ________________________________ Mobile: ________________________________

Business Owner’s email address: ___________________________________________

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.

THIS DOCUMENT IS REQUIRED TO BE POSTED IN PLAIN VIEW OF THE PUBLIC IN THE MOBILE FOOD UNIT AT ALL TIMES
List of Locations Where Unrestricted Mobile Food Unit Operates

- Submit to the department this list of location(s) to receive a new/renewal/change of owner medallion.
- Provide written notice to the Health Department at least two business days before beginning operations at additional locations (fax or email this form or other written notification).
- REMINDER: Post in view of the public Property and Restroom letters at each location.

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<th>Date:</th>
<th>Unit #:</th>
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<table>
<thead>
<tr>
<th>Owner Name:</th>
<th>Unit Name:</th>
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<table>
<thead>
<tr>
<th>Location Address/Zip Code</th>
<th>Operating Days</th>
<th>Operating Times</th>
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Name and address of commissary(s) used:

_________________________________________________________________

Signature: ___________________________ Date: ________________________