



COMMUNITY AFFAIRS DEPARTMENT BEE COUNTY

216 S. FM 351

Beeville, TX 78102

Office: (361)621-1553 Fax: (361)492-5992

MOBILE UNIT/ROADSIDE VENDOR/SCHOOL FOOD ESTABLISHMENT PERMIT APPLICATION INITIAL, RENEWAL, OR CHANGE OF OWNERSHIP (Health and Safety Code, Chapter 437)

PERMIT NO.

This application is for mobile food/roadside/school food establishments where the county has jurisdiction.

Name Under Which Business is Conducted (DBA): _____

Physical Address to be Licensed: _____

City, County, State, Zip Code: _____

Telephone # at address: () _____

Is physical address within the city limits? Yes No
 ☐ ☐

Exemptions from Retail permitting: ☐ Licensed by the Texas Department of State Health Services as a food manufacturer **AND** paying a higher fee; or
 ☐ Inspected and permitted by County or Public Health District; or
 ☐ Non-Profit as a 501(C) organization

FEE FOR INITIAL/RENEWAL PERMIT OR CHANGE OF OWNERSHIP
A Non-refundable fee of \$250.00 is due for each establishment or unit

- ☐ **School Food Establishment** - operated on a for-profit basis by a private contractor.
- ☐ **Roadside Food Vendor (mobile food store)** - a person who operates a mobile retail food store from a temporary location adjacent to a public roadway or highway. (Potentially hazardous foods shall not be prepared or processed by roadside food vendors.)
- ☐ **Mobile Food Unit** - a vehicle-mounted mobile food establishment designed to be readily moveable.
An initial inspection must be performed after payment and prior to permit issuance.

- ☐ **Late Fee** - A person who files a renewal application after the expiration date must pay an additional \$25.00.

ANY RETURNED CHECKS RECEIVED WILL BE ASSESSED THE \$35.00 NSF FEE.

MOBILE FOOD UNIT AND ROADSIDE FOOD VENDOR INFORMATION

Type of Unit: ☐ Truck ☐ Van ☐ Trailer ☐ Pushcart
☐ Other

Description of Vehicle

Make _____ Model _____

Vehicle Identification/Serial No. _____

Year _____ Size _____ Color _____

Unit No. and/or Truck No. _____

License Plate No./State _____

List Foods To Be Sold _____

Central Preparation Facility (CPF) This applies to Mobile Food Units only:

Name, Address, City, State: _____

CPF Permit #: _____ Issued by: ☐ DSHS **OR**

☐ Other (please specify) _____

VERIFICATION: I swear or affirm that all information in this application is true and correct. I further certify by signature hereon, that I am authorized to execute this document on behalf of the corporation and am eligible to receive a license. If signing this as owner of a sole proprietorship, I am not delinquent in the payment of any child support owed under Chapter 232, Family Code. If signing as a Sole Proprietor, I certify I have filed the assumed name certificate in appropriate counties pursuant to Business and Commerce Code, Chapter 36. I further certify that I have read and understand Chapter 437 of the Health & Safety Code, the applicable provisions of 25 Texas Administrative Code, Chapters 228 & 229, and agree to abide by them.

Signature

☐ OWNER

☐ PARTNER

☐ PRESIDENT

☐ CORPORATE DESIGNEE / AGENT

Date

Printed Name & Title

PURPOSE OF THIS APPLICATION: This application is for mobile food/roadside/school food establishment where the county has jurisdiction.

Mark appropriate box to indicate purpose of application, and/or any change in status of firm.

☐ **New (Initial)** - Start Date of Regulated Activity: _____

☐ **Change of Ownership (Including legal entity)** Previous owner: _____

Effective Date: _____

Change of ownership (including change of legal entity) requires submission of a new application.

☐ **Amended** ☐ Change of Location [previous location: _____] Enter the date the
☐ Change of Name [previous name: _____] } change was
☐ Other: _____ effective
Date: _____

Any minor amendment including change of name or change in the location of a licensed place of business, requires submission of a new application.

☐ **Renewal**

☐ **Notice that firm is out of business.** Date: _____

Sign and date. Return for deletion from our records.

RESPONSIBLE INDIVIDUAL IN CHARGE AT PHYSICAL ADDRESS

A license cannot be issued for manufacturing or holding of foods for distribution in any room used as living or sleeping quarters and shall be separated from any living or sleeping quarters by complete partitioning. Food prepared in a private home may not be used or offered for human consumption in a food establishment.

Name & Title

Residence Address

BUSINESS HOURS OF OPERATION: _____ m. to _____ m.

WEBSITE/ INTERNET ADDRESS: http://www._____

MAILING INFORMATION (The license and/or courtesy renewal notice will be sent to the following):

Mailing Name: _____

Mailing Address: _____

City, State, Zip Code: _____

Name of Application Preparer (Contact Person): _____

Telephone Number of Application Preparer (Contact Person): _____

Fax Number of Application Preparer (Contact Person): _____

E-mail Address of Application Preparer: _____

REVISED 01/29/2025

LICENSE HOLDER INFORMATION: Please enter the 11 digit State Tax Payer's Identification number on file with the Texas Comptroller of Public Accounts. Also your 9 digit Federal Employee Identification Number (EIN).

Tax Payer #

EIN #

□-□□□□□□□□□□-□ / □□□□□□□□□□

Complete the one box on this page or the next that relates to the type of ownership of your business.

☐ **Sole Owner / Proprietorship**

Name of Sole Owner: _____

Residence Address

Driver's License

☐ **Partnership** ☐ **LP** ☐ **LLP** ☐ **LTD**

Name of Partnership: _____

Partnership Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Partner Name: _____

Residence Address

Driver's License

Partner Name: _____

Residence Address

Driver's License

Partner Name: _____

Residence Address

Driver's License

☐ **Association** ☐ **State Agency**

Name of Association / State Agency: _____

Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

Name: _____

Residence Address Driver's License

Name: _____

Residence Address Driver's License

☐ **Corporation** ☐ **LLC**

Name of Corporation: _____

Corporation Address: _____ / _____ / _____ / _____
ADDRESS CITY ST ZIP

President

Name: _____

Residence Address Driver's License

Officer's

Name: _____

Residence Address Driver's License

Officer's

Name: _____

Residence Address Driver's License

Name of Registered

Agent: _____

Residence Address Driver's License

REVISED 01/29/2025

PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the County collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. You may visit our website www.dshs.texas.gov for more information on the Privacy Notification (Reference: Government Code, Section 552.021, 552.023 and 559.004).