

**CENTRAL PREPARATION FACILITY/KITCHEN OPERATOR'S
AUTHORIZATION**

No. of Mobile units _____

Date: _____ Vehicle Plates _____ - _____ VIN _____
 _____ - _____ VIN _____
 _____ - _____ VIN _____

_____ (Mobile Establishment Owner's Name) of _____

_____ Street No. _____ Street Name _____ City _____ State _____ Zip Code _____ Phone No. _____

Has my permission to use my establishment as a commissary for storing and replenishing food and operating supplies, for washing and cleaning the mobile food establishment, for disposing of all solid and liquid wastes accumulated in the operation of the mobile food establishment and for cleaning inside and outside the mobile food establishment.

I confirm and verify that my commissary meets all Texas Food Establishment Rule requirements including:

1. a hard surfaced area with overhead protection for supplying, cleaning and servicing the mobile establishment. Areas used only for the loading of potable water or discharge of liquid wastes through a closed system of hoses need not be protected.
2. potable water servicing location with equipment that is installed, stored and handled to protect the water and equipment from contamination, and
3. a location for flushing and draining liquid wastes through a closed system of hoses that is separate from the location provided for water servicing and for loading and unloading food and related supplies.

I am attaching copies of my current health permit and the most recent health inspection report, which the mobile establishment operator must present to the Health Department at the time of making application for a mobile food establishment permit.

Statement of Affirmation

State of _____, County of _____
 I, _____ (Commissary Owner's Name), do solemnly swear that I have read the contents hereof and the foregoing statements are true in substance and effect and are made in good faith. I have read this letter notarized with my signature affixed and will provide servicing facilities for the mobile vendor identified above.

 (Commissary Owner's Signature)

 (Notary's Signature)

 (Commissary Owner's Name)

Commission Expires _____ day of _____ 200__

 (Commissary Address)

NOTARY' S SEAL

** Please complete this form in its entirety prior to signing and notarizing or document will not be accepted **