

TEXAS DEPARTMENT OF STATE HEALTH SERVICES

How to Submit a Mobile Food Vendor (MFV) License Application



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Visit the Online Licensing System at vo.ras.dshs.state.tx.us/datamart/login.do.

For best results, use Chrome or Internet Explorer on a desktop or laptop. Not all mobile device browsers are supported by the Online Licensing System. For technical issues, visit the [Online Licensing Help Center](#).

EXISTING USERS

If you already have an account, sign in with your user ID and password.

NOTE: If you are unable to apply due to an unknown error, try clearing your web browser cache. If that doesn't resolve your issue, register as a new user. You can use the same email associated with an existing account, but you will need to create a new User ID. Also, if your existing account is associated with hemp, environmental licenses, cottage food registration, or another firm, you will need to register for a new online licensing account. One account per firm/owner.

Returning User

User ID:

Password:

[Forgot user ID?](#)
[Forgot password?](#)

New User


 Create a new online account as a first time user. Log in with the password emailed to you to access online services.
[Register as a new user](#)

Image 1

NEW USERS

If you are new user, select "[Register as a new user](#)". You will receive an email with a temporary password. Go to the returning user login section (see image 1). Enter your user ID, then copy and paste your temporary password to the relevant section.

When you sign in for the first time, paste your temporary password into the password field. You will then be prompted to create a permanent password. Reenter to confirm.

Quick Start Menu

To start choose an option and you will return to this Quick Start menu after you have finished. If no licenses display under the options, and you are licensed, select 'Add Licenses to Registration' to add your license(s) to your registration. Go to Asbestos/Demo Notification menu below to submit, search or pay for a Notification invoice.

■ Start a New Application or Take An Exam

What are you applying for?

Retail Food Program

Mobile Food Vendor Initial Application

■ Additional Activities

Authorized Representative

Secure Mailbox

Add Licenses To Registration

Image 2

Once you have successfully created a new password, you will go to a screen that asks for your social security number. You can skip this screen by going to the Main Menu/Quick Start Menu. (see image 2)

Under the question "What are you applying for?," select **Retail Food Program**.

Next, choose your application, **Mobile Food Vendor Initial Application**. Tap/click on the Select button to proceed.

This is your application Introduction tab (see image 3). Before you proceed, thoroughly review the information needed to complete the application.

INTRODUCTION

<p>Introduction</p> <ul style="list-style-type: none"> <input type="button" value="Function Suitability"/> <input type="button" value="Application Questions"/> Name and Organizational Details <input type="button" value="Contact Information"/> Select Attributes Applicant Information Central Preparation Facility Information Hours of Operation Itinerary Attachments Application Summary 	<p>Mobile Food Vendor Initial Application - Introduction</p> <p>Welcome to the Texas Department of State Health Services Mobile Food Vendor initial license application for sole proprietors, corporations or business entities. Follow the instructions on each screen to complete your application. Your information will not be saved until you complete the application and submit your information and fees.</p> <p>LICENSE FEES ARE NON-REFUNDABLE.</p> <p>PLEASE NOTE MOBILE FOOD VENDORS WILL NEED TO BE INSPECTED BEFORE A FINAL DETERMINATION CAN BE MADE ON THE LICENSE.</p> <p>To confirm if this is the correct license type please go to http://www.dshs.state.tx.us/foodestablishments or Mobile Food Vendor & Retail Licensing Branch at MobileFoodLicense@dshs.texas.gov. This license application is for a mobile food vendor license for readily moveable vehicles, including trucks, vans, trailers, push carts, and roadside vendors. This is not the correct license application for fixed food establishments.</p> <p>Information you will need to complete the application includes:</p> <ul style="list-style-type: none"> • Taxpayer number for the owner; and • For the owner, list of previous residence addresses business addresses for previous year; and • List of food served and itinerary with locations and planned dates of operation; and • For motorized vehicles: <ul style="list-style-type: none"> ◦ VIN Number, ◦ License plate number and registration, ◦ Insurance, ◦ GVWR (required for tow vehicle and trailer if food vending vehicle is a trailer), ◦ Driver's license number for driver of the vehicle. <p>Press "Next" to continue.</p> <p>Press "Cancel" to cancel this application and return to the main menu.</p> <hr/> <p>PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas 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. See http://www.dshs.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 522.021, 522.023, 559.003, and 559.004)</p> <p style="text-align: right;"><input type="button" value="Next"/> <input type="button" value="Cancel"/></p>
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Tap/click on the Next button **Next** to proceed.

You should now be on the Function Suitability tab (see image 4). Answer all questions to determine if this is the correct application for you. If you answer yes to any of the questions, then this application is not applicable to your situation. For guidance with permitting/licensing, contact Mobile Food Vendor & Retail Licensing at 512-834-6727, or send an email to <mailto:MobileFoodLicense@dshs.texas.gov>.

If you encounter an error message, please take a screenshot and send an email with details of the issue. If you call and speak with a licensing specialist, provide your email address so they can retrieve your sent message and a brief description of the issue.

FUNCTION SUITABILITY

Image 4

Question	Answer
Are you attempting to renew an existing license/registration/permit?	<input type="radio"/> Yes <input type="radio"/> No
Are you applying for a minor amendment change (example, change of DBA name, or change of food vending vehicle name)?	<input type="radio"/> Yes <input type="radio"/> No
Are you applying due to an onsite inspection, warning letter, or Notice of Violation received from the Department of State Health Services?	<input type="radio"/> Yes <input type="radio"/> No
Do you hold a current Mobile Food Unit Permit issued by DSHS?	<input type="radio"/> Yes <input type="radio"/> No

Previous **Next** **Cancel**

Tap/click on the Next button **Next** to proceed.

APPLICATION QUESTIONS

Image 5

Introduction	Mobile Food Vendor Initial Application - Application Questions
Function Suitability	Answer the questions and press "Next" to continue.
Application Questions	Press "Previous" to return to the previous section.
	Press "Cancel" to cancel this application and return to the main menu.
Name and Organizational Details	Are you applying for a mobile food vendor license that operates a Van, Truck, Trailer or Roadside vendor? <input type="checkbox"/>
Contact Information	Are you applying for a mobile food vendor license that operates a pushcart or other? <input type="checkbox"/>
Select Attributes	Do you have a previous permit/ license number for this vehicle? <input type="checkbox"/>
Applicant Information	Have you been denied a mobile food vendor license or had a mobile food vendor license suspended or revoked in another state or local jurisdiction? <input type="checkbox"/>
Central Preparation Facility Information	Have you applied for or hold a Hemp licenses? <input type="checkbox"/>
Hours of Operation	Have you applied for or hold any other DSHS licenses? <input type="checkbox"/>
Itinerary	Did the owner have any other primary residences and business addresses during the 12 months preceding the date of this application? <input type="checkbox"/>
Attachments	If you are a Sole Proprietor, are you using your Social Security Number as your Federal Taxpayer Number? <input type="checkbox"/>
Application Summary	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

On the Applications Questions tab (see image 5), answer each question, then tap/click on the Next button to proceed.

NOTE: The top two questions should NOT be answered the same. If you answer yes and yes or no and no, this will delay the processing of your application.

NAME AND ORGANIZATION DETAILS

Image 6

Introduction	Mobile Food Vendor Initial Application - Name and Organizational Details
Function Suitability	The Organization is used to record owner of the business. Please enter your business legal name in the space for organization and DBA (Doing Business As) name, which is usually the name displayed on the food vending vehicle in the dba name space.
Application Questions	For Sole Owner/Proprietorship, enter the name of the sole owner in the space for the organization. Some business create a dba name and others operate only using the actual business name.
Name and Organizational Details	Please enter your organizational details and press "Next" to continue.
Contact Information	Press "Previous" to return to the previous section.
Select Attributes	Press "Cancel" to cancel this application and return to the main menu.
Applicant Information	* Organization Name: <input type="text"/>
Central Preparation Facility Information	* Doing Business As Name: <input type="text"/>
Hours of Operation	Tax Number: <input type="text"/>
Itinerary	Tax Number: <input type="text"/>
Mobile Vendor Vehicle	<input type="radio"/> 501c3 (Tax Exempt) <input type="radio"/> Associates <input type="radio"/> City Health Department <input type="radio"/> Corporation <input type="radio"/> County Health Department <input type="radio"/> DBA <input type="radio"/> Fire Dept / EMS <input type="radio"/> Government <input type="radio"/> Hospital <input type="radio"/> Hospital Authority <input type="radio"/> Hospital District <input type="radio"/> LLC <input type="radio"/> LLP <input type="radio"/> LP <input type="radio"/> LTD <input type="radio"/> Partnership <input type="radio"/> Partnership Unincorporated <input type="radio"/> Sole Owner/Proprietorship <input type="radio"/> Unincorporated Association <input type="radio"/> University / College
Previous License	* Entity Type:
Previous License Denial Reason	
Other License	
Attachments	
Application Summary	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

NOTE: Please use ALL CAPS for all fields when entering your information.

On the Name and Organization Details tab (see image 6), enter the name of the direct ownership firm to be listed on the license in the Organization Name field. This information should match what the State Comptroller has on file. For the Tax Number, enter the federal taxpayer ID number (nine digits) for the ownership, then repeat to confirm.

NOTE: For the Entity Type, do NOT use the radio button for DBA (even if you have one). A DBA is NOT an acceptable ownership/entity type.

Tap/click on the Next button to proceed.

On the Contact Information tab (see image 8), there are three sets of addresses being requested:

- Main Address: Your business address for your ownership.
- Primary Address: Your primary location of food operations. We'll use your primary address as a reference point when assigning the pre-licensing inspection. Do **NOT** provide a P.O. box. Your organization name should be your DBA/Vehicle name.
- Mailing Address: Renewal notifications will be sent to the mailing address. We may contact you via phone and/or email if additional information is needed for your application review. You may add a P.O. box here.
- **NOTE:** Towards the bottom of the Name and Organization Details tab (see image 7), you have the option of adding a fourth address for Contact Information. This info will be used by the inspector.

Image 7

Add Another Contact

Contact Type:

CONTACT INFORMATION

Image 8

Mobile Food Vendor Initial Application - Contact Information

Press "Previous" to return to previous page.
Press "Next" to go to next page.
Press "Cancel" to Cancel application and go back to Quick Start Menu.
If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
If Delete Button is available. Press "Delete" to delete the address.
If Copy Button is available. Press "Copy" to copy a previously entered address.
Press "Zip Lookup" after entering the zip code to populate the U.S. city, state and county.
Select an address type and press "Add" to add a new address.

Contact Information

- Introduction
- Function Suitability
- Application Questions
- Name and Organizational Details
- Contact Information**
- Select Attributes
- Central Preparation Facility Information
- Hours of Operation
- Itinerary
- Mobile Vendor Vehicle
- Pushcart/Road stand
- Previous License
- Previous License Denial Reason
- Other License
- Attachments
- Application Summary

Main Address

Street Number:

Address:

Zip Code:

City:

State:

Country:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Primary Address

Street Number:

Address:

Zip Code:

City:

State:

Country:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Rsp Pers OnSite:

Organization Name:

Mailing Address

Street Number:

Address:

Zip Code:

City:

State:

Country:

Country:

Phone Number: (999-999-9999)

Extension:

E-mail:

Fax/Contact Pers: (999-999-9999)

Contact Person:

Organization Name:

Add Another Contact

Contact Type: **Add**

Previous Next Cancel

Tap/click on the Next button **Next** to proceed.

SELECT ATTRIBUTES

Image 9

Introduction	Mobile Food Vendor Initial Application - Select Attributes
Function Suitability	Mobile Food Vendor Type 1: prepackaged, non-TCS foods and low risk of harm to the public. Dispenses only non-time and temperature control for safety (TCS) prepackaged food and does not sell TCS beverages, or an MFV that otherwise poses a low risk of harm to the public as determine by the department.
Application Questions	Mobile Food Vendor Type 2: dispenses prepackaged TCS foods or food that required limited handling and preparation, or TCS foods that are prepared to order and served for immediate consumption; processes may include preparing, cold holding, thawing, and/or reheating of commercially processed and/or packaged products for immediate consumption.
Name and Organizational Details	Mobile Food Vendor Type 3: prepares, cooks, holds, and serves food from an FVV; processes may include hot holding, cold holding, thawing, cooking, cooling, reheating or conducting other activities allowed by the Food Code.
Contact Information	Type of Mobile Vendor: Truck, Van, Trailer, Pushcart or Roadside Vendor.
Select Attributes	Roadside food vendor - operates a food vending vehicle from a temporary location adjacent to a public road or highway. Food is not prepared or processed by a roadside vendor. A roadside vendor is classified as a mobile food vendor.
Central Preparation Facility Information	Please visit http://www.dshs.state.tx.us/foodestablishments for more information to assist you with selecting the correct mobile food vendor type.
Hours of Operation	Listed below are the license attributes you may add or delete.
Itinerary	Please select/de-select the desired attribute and press "Next" to continue.
Mobile Vendor Vehicle	Press "Previous" to return to the previous section.
Pushcart/Road stand	Press "Cancel" to cancel this application and return to the main menu.
Previous License	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Previous License Denial Reason	
Other License	
Attachments	
Application Summary	

Attribute Type:	Type of Business (please select only one)	Exists On License	Request To Add	
* Attributes:		<input type="checkbox"/>	<input type="radio"/>	MFV Type I
		<input type="checkbox"/>	<input type="radio"/>	MFV Type II
		<input type="checkbox"/>	<input type="radio"/>	MFV Type III

Attribute Type:	Level	Exists On License	Request To Add	
* Attributes:		<input type="checkbox"/>	<input type="radio"/>	Other Mobile Vendor
		<input type="checkbox"/>	<input type="radio"/>	Pushcart
		<input type="checkbox"/>	<input type="radio"/>	Roadside Vendor
		<input type="checkbox"/>	<input type="radio"/>	Trailer
		<input type="checkbox"/>	<input type="radio"/>	Truck
		<input type="checkbox"/>	<input type="radio"/>	Van

For the Select Attributes tab (see image 9), read the description at the top to determine your mobile food vendor (MFV) type. Your MFV type will determine the final amount due for the application. If you are unsure which MFV type you fall under, call Retail Food Safety Operations at, **512-406-2644** or send an email to <mailto:MobileFoodVendor@dshs.texas.gov>.

NOTE: If you are a Roadside Vendor, do NOT select MFV Type III. If you are cooking on-site, then you're not considered a Roadside Vendor.

Tap/click on the Next button to proceed.

APPLICANT INFORMATION

Image 10

Introduction	Mobile Food Vendor Initial Application - Information
Function Suitability	Press "Previous" to return to previous page.
Application Questions	Press "Next" to go to next page.
Name and Organizational Details	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Contact Information	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Save Button is available. Press "Save" to save the information and return to the summary.
Applicant Information	Applicant Information
Central Preparation Facility Information	Enter the name and contact information of the person completing the application below:
Hours of Operation	Applicant Name: <input type="text"/>
Itinerary	Applicant Address: <input type="text"/>
Mobile Vendor Vehicle	Applicant Email: <input type="text"/>
Previous License	Applicant Phone: <input type="text"/>
Previous License Denial Reason	If the person completing the application is not part of the company obtaining the license check selection box below. Before you submit the final application remember to attach documentation listing the name, address, email address, and telephone number for any associated entity or organization represented by the applicant, along with copies of documents showing proof of that relationship.
Other License	Associated Entities? <input type="checkbox"/>
Attachments	Please enter the 11-digit Texas taxpayer number for the owner of the company to be licensed
Application Summary	Texas Tax ID: <input type="text"/>
	Previous Next Cancel

For the Application Information tab (see image 10), enter your information, the individual submitting this application. This is in case we need to contact you for additional documents or require clarification during the application review. Also, please provide the 11-digit Texas Taxpayer ID number for the ownership that will be listed on the MFV license.

Tap/click on the Next button [Next](#) to proceed.

CENTRAL PREPARATION FACILITY INFORMATION

Image 11

The

Central Preparation Facility (CPF) Information (see image 11) is optional. We do not require this information to submit your application. However, if you wish to include it to streamline the review process, tap/click on the Add button **Add** to continue with providing your CPF information (see image 12).

Image 12

Tap/click on the Next button **Next** to continue to the next tab.

HOURS OF OPERATION

Image 13

Introduction	Mobile Food Vendor Initial Application - Information
Function Suitability	Press "Previous" to return to previous page.
Application Questions	Press "Next" to go to next page.
Name and Organizational Details	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Contact Information	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Save Button is available. Press "Save" to save the information and return to the summary.
Applicant Information	
Central Preparation Facility Information	
Hours of Operation	Hours of Operation
Itinerary	Please enter your hours of operation.
Mobile Vendor Vehicle	Please enter your hours of Operation
Previous License	Please enter your hours of Operation (HH:MM AM/PM-HH:MM AM/PM) <input type="text"/>
Previous License Denial Reason	
Other License	
Attachments	
Application Summary	Previous Next Cancel

Enter your hours of operation on the Hours of Operation tab (see image 13). The inspector will use this information to schedule an on-site inspection.

If your hours do not fit within the given field, you can also provide this information on your itinerary attachment. Type in **SEE ITINERARY**.

Tap/click on the Next button [Next](#) to continue to the next tab.

ITINERARY

Image 14

Introduction	Mobile Food Vendor Initial Application - Information
Function Suitability	Press "Previous" to return to previous page.
Application Questions	Press "Next" to go to next page.
Name and Organizational Details	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Contact Information	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Save Button is available. Press "Save" to save the information and return to the summary.
Applicant Information	
Central Preparation Facility Information	
Hours of Operation	
Itinerary	Add Itinerary Add
Mobile Vendor Vehicle	Itinerary
Previous License	Please provide information about the food served.
Previous License Denial Reason	Food Served: <input type="text"/>
Other License	Please provide name/location of the vehicle and your itinerary. The itinerary must list your operational plans and include the locations, date and times you plan to operate.
Attachments	* <input type="text"/>
Application Summary	You are welcome to upload it as an attachment.
	Previous Next Cancel

An itinerary is required for this application (see image 14). You can submit your itinerary in one of two ways:

1. Typing in the requested information in the given fields.
2. Uploading your itinerary document within the Attachments tab. If you choose to upload a document to Attachments, type **SEE ATTACHMENTS** in the lower required field.

If you prefer to type in the requested information for each location, tap/click on the Add button **Add** to continue with providing your itinerary.

Tap/click on the Next button **Next** to continue to the next tab.

MOBILE VENDOR VEHICLE

Image 15

<ul style="list-style-type: none">IntroductionFunction SuitabilityApplication QuestionsName and Organizational DetailsContact InformationSelect AttributesApplicant InformationCentral Preparation Facility InformationHours of OperationItineraryMobile Vendor VehiclePrevious LicensePrevious License Denial ReasonOther LicenseAttachmentsApplication Summary	<p>Mobile Food Vendor Initial Application - Information</p> <p>Press "Previous" to return to previous page.</p> <p>Press "Next" to go to next page.</p> <p>Press "Cancel" to Cancel application and go back to Quick Start Menu.</p> <p>If Return to Summary Button is available. Press "Return to Summary" to return to the summary.</p> <p>If Save Button is available. Press "Save" to save the information and return to the summary.</p> <p>Mobile Vendor Vehicle</p> <p>You have selected a truck/van/trailer/roadside vendor, please provide additional vehicle information.</p> <p>Please provide your vehicle information.</p> <p>* Vehicle ID Number (VIN) <input type="text"/></p> <p>* Unit/Truck Num: <input type="text"/></p> <p>* Lic Plate Num: <input type="text"/></p> <p>* Lic Plate St: <input type="text"/></p> <p>Vehicle Maker: <input type="text"/></p> <p>Vehicle Year: <input type="text"/></p> <p>Vehicle Size <input type="text"/></p> <p>Vehicle Color: <input type="text"/></p> <p>Gross Vehicle Weight Rating</p> <p>Vehicle Gross Vehicle Weight Rating <input type="text"/></p> <p>Tow Vehicle Gross Vehicle Weight Rating <input type="text"/></p> <p>* Registration Expiration Date (MM/YYYY): <input type="text"/></p> <p>Driver Name, Driver Lic Number, Expiration Date: <input type="text"/></p> <p>Insurance Information, policy number and expiration date</p> <p>Proof of Insur: <input type="text"/></p> <p>Proof/Other VL: <input type="text"/></p> <p>Previous Next Cancel</p>
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In the Application Questions tab (see page 4, image 5), if you indicated yes to the question, "Are you applying for a mobile food vendor license that operates a Van, Truck, Trailer or Roadside vendor?," you will need to provide the information for your vehicle on the Mobile Vendor Vehicle tab (see image 15). If you are using a converted bus, you should indicate yes to this question.

PUSHCART/OTHER

Image 16

Introduction	Mobile Food Vendor Initial Application - Information
Function Suitability	Press "Previous" to return to previous page.
Application Questions	Press "Next" to go to next page.
Name and Organizational Details	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Contact Information	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Save Button is available. Press "Save" to save the information and return to the summary.
Applicant Information	
Central Preparation Facility Information	
Hours of Operation	
Itinerary	
Pushcart/Other	Pushcart/Other
Previous License	You have selected a pushcart/other, please provide a description of your operation.
Previous License Denial Reason	Unit number if applicable, a general description and the dimensions (length x width in feet), and color
Other License	Description of the pushcart/other vendor structure
Attachments	
Application Summary	

[Previous](#) [Next](#) [Cancel](#)

If you indicated yes to the question, "Are you applying for a mobile food vendor license that operates a pushcart or other?" in the Application Questions tab (see page 4, image 5), you will need to provide a description of your pushcart or other mobile food vending vehicle (not required to have a license plate on roadways) that is not a van, truck, or trailer on the Pushcart/Other tab (see image 16).

Tap/click on the Next button [Next](#) to continue to the next tab.

PREVIOUS LICENSE

Image 17

Introduction	Mobile Food Vendor Initial Application - Information
Function Suitability	Press "Previous" to return to previous page.
Application Questions	Press "Next" to go to next page.
Name and Organizational Details	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Contact Information	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Save Button is available. Press "Save" to save the information and return to the summary.
Applicant Information	
Central Preparation Facility Information	
Hours of Operation	
Itinerary	
Mobile Vendor Vehicle	
Previous License	
Previous License Denial Reason	
Other License	
Attachments	
Application Summary	

Previous License

You indicated that you had a previous mobile vendor permit or license, please provide information below.

Previous Mobile Vendor License Number

Previous Mobile Vendor License Issuing Authority

Previous Mobile Vendor License Expiration Date (mm/dd/yyyy)

[Previous](#) [Next](#) [Cancel](#)

If you indicated yes to the question, "Do you have a previous permit/license number for this vehicle?" in the Application Questions tab (see page 4, image 5), you will need to provide the information for your mobile food permit/license held with your local health department (see image 17). Also, you will need to upload a copy of your mobile food permit/license within the Attachments tab (see page 17, image 20).

Tap/click on the Next button [Next](#) to continue to the next tab.

If you indicated yes to the question, "Have you been denied a mobile food vendor license or had a mobile food vendor license suspended or revoked in another state or local jurisdiction?" in the Application Questions tab (see page 4, image 5), you must provide the reason for your mobile food permit/license denial, suspension, or revocation (see image 18).

PREVIOUS LICENSE DENIAL REASON

Image 18

Introduction	Mobile Food Vendor Initial Application - Information
Function Suitability	Press "Previous" to return to previous page.
Application Questions	Press "Next" to go to next page.
Name and Organizational Details	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Contact Information	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Save Button is available. Press "Save" to save the information and return to the summary.
Applicant Information	
Central Preparation Facility Information	
Hours of Operation	
Itinerary	
Mobile Vendor Vehicle	
Previous License	
Previous License Denial Reason	Previous License Denial Reason
Other License	You indicated that you were denied a mobile food vendor license or had a mobile food vendor license suspended or revoked in another state or local jurisdiction, please provide the reason.
Attachments	Reason for your license denial <input type="text"/>
Application Summary	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

Tap/click on the Next button to continue to the next tab.

OTHER LICENSE

Image 19

Introduction	Mobile Food Vendor Initial Application - Information
Function Suitability	Press "Previous" to return to previous page.
Application Questions	Press "Next" to go to next page.
Name and Organizational Details	Press "Cancel" to Cancel application and go back to Quick Start Menu.
Contact Information	If Return to Summary Button is available. Press "Return to Summary" to return to the summary.
Select Attributes	If Save Button is available. Press "Save" to save the information and return to the summary.
Applicant Information	
Central Preparation Facility Information	
Hours of Operation	
Itinerary	
Mobile Vendor Vehicle	
Previous License	
Previous License Denial Reason	
Other License	Other License
Attachments	You indicated that you may hold other licenses such as Hemp, Food Warehouse, etc., please provide additional information.
Application Summary	Other Licenses Number (Hemp, Food, Warehouse) <input type="text"/>
	Other Licenses Issuing Authority <input type="text"/>
	Other Licenses Expiration Date <input type="text"/> (mm/dd/yyyy)
	<input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

If you hold any other licenses, registrations, or permits with DSHS, please indicate so here. If you have more than one, type in **SEE ATTACHMENTS**, and upload a document listing the license/permit/registration number and the type of license, permit, or registration you have.

Tap/click on the Next button **Next** to continue to the next tab.

ATTACHMENTS

Image 20

Introduction	Mobile Food Vendor Initial Application - Attachments
Function Suitability	You must attach proof of vehicle insurance for motorized or towed vehicles (trailers) and proof of any additional commercial vehicle licenses or permits required by this state with this application.
Application Questions	You must attach a copy of the driver's license for the driver of the motorized food vending vehicle or the driver of the vehicle towing the food vending vehicle if the food vending vehicle is a trailer.
Name and Organizational Details	You must attach a copy of your menu and your itinerary with this application. The itinerary is a list of all locations and times which you intend to operate.
Contact Information	You must attach a copy of your last health inspection if you held a previous permit for this vehicle from a LHD.
Select Attributes	You must attach a list of owner's primary residences and business addresses during the 12 months preceding the date of this application <u>if the owner address or business addresses are not the same as the owner address and business addresses listed on this application.</u>
Applicant Information	You must attach a list of the name, address, email address, and telephone number for any associated entity or organization represented by the applicant, along with copies of documents showing proof of that relationship.
Central Preparation Facility Information	
Hours of Operation	
Itinerary	Locate a file with the "Browse" button and press "Attach" or "Remove" as is required.
Mobile Vendor Vehicle	Press "Next" when there are no more files to attach.
Previous License	Press "Previous" to return to the previous screen.
Previous License Denial Reason	Press "Cancel" to cancel this application and return to the main menu.
Other License	
Attachments	File Name: <input type="button" value="Choose File"/> No file chosen
Application Summary	Notes: <input type="text"/>
	<input type="button" value="Attach"/> <input type="button" value="Previous"/> <input type="button" value="Next"/> <input type="button" value="Cancel"/>

On the Attachments tab (see Image 20), tap/click on the Choose File button to locate your document. Describe the document in the notes field, then tap/click on the Attach button **Attach**. Repeat until you have attached all required documents.

Please attach the following documents:

- Proof of vehicle insurance for motorized or towed vehicles (trailers)
- Proof of any additional commercial vehicle licenses or permits required by Texas
- Copy of the driver's license for the driver of the motorized food vending vehicle or the driver of the vehicle towing the food vending vehicle (if it is a trailer)
- Menu listing food and beverages to be served

- Itinerary listing of all locations and times which you intend to operate (if not typed in)
- If you indicated yes to having a previous permit/license number for this vehicle, you must attach a copy of your mobile food permit/license issued by your local health department (LHD).
- If the owner or business addresses are not the same as the owner and business addresses listed on this application, you must provide a list of the owner's primary residences and business addresses during the 12 months preceding the date of this application.
- The name, address, email address, and telephone number for any associated entity or organization represented by the applicant, along with copies of documents showing proof of that relationship. (Required if a third party, such as a bookkeeper or licensing firm, is submitting this application on behalf of the entity to be licensed.)
- List of all licenses, registrations, and permits issued by DSHS for your entity (if more than one.)

On the Application Summary tab, review all selections and tap/click on the Edit button **Edit** as needed. If everything looks complete, tap/click on the Submit button **Submit** to proceed.

On the next screen, you will swear or affirm that all information in the application is true and correct.

Image 21

Introduction	Mobile Food Vendor Initial Application - Attestation
Function Suitability	Press "Previous" to return to the previous section.
Application Questions	Press "Next" to continue.
Name and Organizational Details	Press "Cancel" to cancel this application and return to the main menu.
Contact Information	<p>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 that 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, Chapter 226, and agree to abide by them.</p> <p><input type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;">Previous Submit Cancel</p>
Select Attributes	
Applicant Information	
Central Preparation Facility Information	
Hours of Operation	
Itinerary	
Mobile Vendor Vehicle	
Previous License	
Previous License Denial Reason	
Other License	
Attachments	
Application Summary	

If you wish to continue, select Yes and tap/click on the Submit button **Submit**.


FEE AND SUMMARY REPORT

Image 22

Fee and Summary Report
Initial applicants must submit payment for the correct application fee AND pre-licensing inspection fee with the application.
Your application data has been submitted. Click on "View PDF Summary Report" and print this report for your records.
You are required to pay the amount below for your application to be processed.
Press "Pay Now" to proceed to the fee payment page.

Fees

Total Amount Due: \$


Pay Now **View PDF Summary Report** 

Tap/click on the Pay Now button **Pay Now** to continue to the Online Application Payment screen (see image 23).

Image 23

Online Application Payment
Select the applications you wish to pay for and press "Next" to continue

Press "Main Menu" to return to the main menu
In case you get the message "Number of payments exceed allowed, remove the additional selection to continue payment." You can use Hyperlink "Select Max." to select the maximum number of applications to pay at once.

Application Number	Description	License Number	License Type	Applicant Name	Fee	Select Max 
	Mobile Food Vendor Initial Application		Mobile Food Vendor			<input checked="" type="checkbox"/>

Payment Method
 Credit Card
 ACH

Next **Main Menu**

Select your payment method, then tap/click on the Next button **Next** to continue.
Confirm payment details, then tap/click on the Next button **Next** to continue.

Payments can be made using credit cards (VISA, MasterCard, Discover, American Express) or ACH (automated clearinghouse) electronic check payment methods.

For questions and issues related to making payments online, call 877-452-9060 or email support@texasgovhelpdesk.com.