



CENTRAL PREPARATION FACILITY PERMISSION FOR USE VERIFICATION FORM

This form serves to verify that the owner/responsible party of the Central Preparation Facility (CPF) submitted for use has granted permission to the mobile vendor to utilize the CPF. By providing approval of use for the CPF the owner/operator agrees to provide the following criteria which are required to be utilized as a CPF with the City of Austin/Travis County Mobile Vending Program:

- Maintain a current and valid food establishment permit.
- Provide adequate and approved waste disposal facilities for handling waste water disposal, oil/grease disposal, trash disposal, and all other necessary waste disposal.
- Provide an approved sanitary process for providing fresh water to mobile units.
- Allow the mobile vendor to bring the unit to the establishment for servicing as needed.
- Provide sanitary food storage facilities for dry goods and items requiring temperature control.
- Allow foods to be held/stored overnight at CPF under approved sanitary conditions.
- Provide storage for equipment and supplies used by mobile vendor while not on mobile unit.

Mobile vendors utilizing this CPF may not engage in any food preparation at the facility unless the mobile vendor holds an individual Food Establishment Permit for this location.

The CPF owner must provide a valid Food Manufacturer's license issued by the Texas Department of State Health Services if the CPF owner provides any potentially-hazardous-foods to a mobile vendor for sale or dispersal from the mobile unit. This criterion does not apply to mobile vendors who are employees of the CPF operating under the CPF owner's mobile vending permit.

I _____ have read and understand the items of
Central Prep Facility Owner or Responsible Party (Print)

responsibility listed above and agree to comply with all of the requirements. I give permission to

_____ of _____ to use my establishment,
Mobile Vending Unit Owner/Operator (Print) Mobile Vending Unit Name (Print)

_____ located at _____
Name of Central Prep Facility Establishment (Print) Address of Central Prep Facility Establishment (Print)

as a Central Preparation Facility for the mobile vending unit. I understand that any health violations of the vendor found at this establishment can be included on the health inspection for this establishment.

Signature of Central Prep Facility Owner or Responsible Party Date

Phone Number: _____

Notary Verification

Before me on this day, _____, personally appeared _____,
Date Central Prep Facility Owner or Responsible Party (Print)

owner or responsible party of _____, known to me (or proven to me) to
Name of Central Prep Facility Establishment (Print)

be the person whose name is subscribed to the above "Central Preparation Facility Permission for Use Verification Form".

Notary's Signature Name of Notary Public, State of Texas (Print)

Notary Seal (ink stamp only) My Commission Expires: _____, 20_____