



UNIVERSITY OF ST. THOMAS

MOBILE FOOD VENDER REQUEST FORM

EVENT INFORMATION

Date of Request:

Date of Event:

Beginning Time:

Ending Time:

Name of Event:

Organization Having Event:

Coordinator of Event:

Contact Number of Coordinator:

FOOD VENDOR INFORMATION

Vender Company Name:

Responsible Individual of Vender:

Vender Contact Information:

Medallion Number:

Expiration Date:

Type of Food being Served:

Note: Vender may not sell food to individuals, but may cater event for a fee.

The vender has food service liability insurance:

YES NO

The vender has vehicle liability insurance:

YES NO

CAMPUS INFORMATION

Proposed Vender Location on Campus:

Note: Attach Diagram if Necessary

USTPD USE ONLY

APPROVED

DISAPPROVED

Chief of Police Signature:

Date:



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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 Vender 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



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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 REQUIRMENTS:

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 vender 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 vender 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.



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- d. Mobile food vender's vehicles must be in compliance with the registration and safety regulations of the State of Texas.
- e. Any mobile food vender 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 vender on campus in violation of this policy or procedure will result in the vender 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:

| | |
|--|--------------|
| Coordinator of Event Signature: | Date: |
|--|--------------|



Mobile Food Unit Property Agreement Letter

(Complete all Parts of this 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)

_____ of _____
(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

(Complete all Parts of this 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 permission
to: _____
(Give full Address; Number and Street/City, State and Zip Code)

_____ 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:

_____ and hours: _____
(Record Days of the Week) (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: _____
FIRST MIDDLE LAST

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.

| | |
|--------------------|-------------------|
| Date: | Unit #: |
| Owner Name: | Unit Name: |

| Location Address/Zip Code | Operating Days | Operating Times |
|---------------------------|----------------|-----------------|
| | | |
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| | | |
| | | |

Name and address of commissary(s) used:

Signature: _____ Date: _____

