

The first step for new establishments or existing establishments requiring renovation or construction is to go through a plan review process. Plans and specifications for such construction, remodeling or conversion must be submitted prior to the start of such construction, remodeling or conversion. The owner will have the final responsibility for the accuracy and completeness of the plans and specifications, as well as for subsequent construction and installation. *Note: Construction of the new establishment cannot begin until the Health Department has completed its commercial plan review process.*

BEFORE CONSTRUCTION BEGINS

- Application fee: \$175 (Cash, check, or money order.)
- Submit application in person or via mail:
- Angelina County & Cities Health District
503 Hill Street
Lufkin, TX 75901

Questions? Call us at 936-632-9109

ONCE CONSTRUCTION IS COMPLETED

Contact the Health Department to schedule a pre-opening inspection. Please call at least 3 days before the day you would like the inspection to take place. The following requirements must be met for the pre-opening inspection:

- Plumbing, mechanical and electrical final approvals must be available.
- A food manager must be present with a Texas Certified Food Manager card.
- Refrigerators must be set at 41°F or lower and freezers at 0°F or lower with working thermometers in each unit.
- Facility must be clean with no construction material in kitchen and related areas.
- No food or utensils are allowed in the establishment prior to the inspection by the Health Department.
- A final menu must be provided.

Please note that all the steps listed above are required before an inspector can do the pre-opening inspection.

OBTAINING A FOOD HANDLING CERTIFICATIONS

All food service establishments shall have a Certified Food Manager on-site at all times and all other food employees, as defined in 25 TAC 228.2 (56), are required to obtain a food handler certification within 30 days of employment. A complete list of accredited courses is online at <https://www.acchd.us/environmental-health-emergency-preparedness/overview/>

OBTAINING A TAX ID AND CITY PERMIT

You must have a sales tax ID number and all City permits before you submit a permit application. Please visit the local comptroller's office online at <https://www.comptroller.texas.gov/taxes/permit/> or call (936) 634-2621 for information about obtaining a sales tax ID number. Contact the local City official listed below for all other permit and/or inspections that may be needed concerning electrical, plumbing certificate of occupancy, grease traps and etc.

City of Diboll ----- (936) 829-4757
City of Huntington ----- (936) 422-4195
City of Zavalla ----- (936) 897-3311

City of Hudson ----- (936) 875-2358
City of Lufkin ----- (936) 633-0248

COMMISSARY REQUIREMENTS

The following list of equipment and facility requirements was developed in response to frequently asked question from new establishment owners. It is not a complete list. For more detailed requirements, refer to the Texas Food Establishment Rules.

1. A 3-compartment sink to wash, rinse, and sanitize equipment and utensils. A mechanical dishwasher may also be utilized
2. Hand wash sink(s) conveniently located in the food preparation area(s)
3. Employee restroom(s) with hand wash facilities
4. Hot and cold water under pressure at all sinks
5. A mop sink or curbed cleaning facility for mops and wastewater disposal
6. A sewage disposal system that is properly constructed, maintained, and operated
7. Food establishment must have easily cleanable, non-absorbent floors, and light in color walls and ceilings. (ex: FRP, stainless steel, high gloss paint, etc.)
8. Adequate heating and/or refrigeration equipment for cooking, reheating, or holding foods at safe temperatures
9. An appropriate temperature measuring devices for checking internal food temperatures (probe-type thermometers or thermocouples)
10. An accurate thermometer for each hot/cold holding unit
11. Grease trap and ventilation hood if required
12. Please note that Angelina County requires a commissary for all mobile units. In some special situations we would allow a variance to operate without a commissary. When submitting the application a completed variance request form is required for review.

MOBILE UNIT REQUIREMENTS

1. Liquid Waste Retention Tank provided and Capacity at least 15% larger than the potable water storage tank, permanently installed, sloped to drain and labeled "wastewater".
2. Potable Water from an Approved Source (If obtaining water from a public water system, no testing is required/if obtaining from PRIVATE water supply, compliance with Subchapter J, regarding private water supply testing, required)
3. Hot and Cold running water under pressure provided to all sinks.
4. Hand wash Sink provided, conveniently located and accessible.
5. Soap, paper towels, detergent and sanitizing chemicals provided.
6. Three compartment sink provided. Large enough to clean largest equipment / utensil.
7. Equipment for hot holding and cold holding, adequate to maintain Time / Temperature Control for Safety (TCS) foods at required temperatures.
8. Food products obtained from an Approved Source.
9. A Servicing Area provided for cleaning, supplying, loading of water and discharge of sewage.
10. A Certified Food Manager employed when TCS foods prepared.
11. Central preparation or storage facility licensed and operated according to Texas Food Establishment Rules (When Required). Most recent inspection available for review.
12. Single Service articles provided and used.
13. Potable water tank provided, labeled "potable water", and installed sloped to drain.
14. Potable water inlet equipped with a hose connection of a size or type that prevents its use for any other purpose, is labeled "potable water", and provided with a ¾-inch or less inlet connection.
15. Potable water distribution pipes or tubing constructed and installed

APPROVED WATER SOURCE/WATER WELLS

Water used for food preparation, handwashing, and dishwashing must come from an approved source. The following sources are approved:

- ☐ Community (municipal) water system (public water system).
- ☐ Non-Community water system (public water system). This category includes on-site wells that supply more than 25 customers per day for a total of 60 days per year. These wells must be listed and approved by the Texas Commission of Environmental Quality (TCEQ). TCEQ will oversee the testing requirements and operation of the wells. Contact the TCEQ Public Drinking Water Section at (512) 239-4691 for assistance.
- ☐ Non-public (private) water system – This category includes wells that serve less than 25 customers per day for a total of 60 days per year. The well must be properly constructed, maintained, and operated. Prior to use, the water must be sampled for safe bacteriological quality and must be tested at least annually thereafter.

RESTRICTIONS ON COMMERCIAL FOOD PREPARATION IN A HOME

The [Texas Food Establishment Rules \(TFER\), Section 228.174\(k\)](#) states: A private home, a room used as living or sleeping quarters, or an area directly opening into a room used as living or sleeping quarters may not be used for conducting food establishment operations.

TEXAS FOOD ESTABLISHMENT RULES (TFER)

Refer to the TFER at <https://www.dshs.texas.gov/foodestablishments/laws-rules.aspx> for detailed information regarding these and other requirements. Note: TFER is enforced at the bare minimum. As the local regulatory authority, Angelina County jurisdiction enforces additional rules and regulations.

Application Material Checklist

The following documents are REQUIRED to complete application process:

- 1) **Detailed Proposed Menu**
 - Including seasonal, off-site catering, and banquet menus. Menu shall note consumer advisory if applicable.
- 2) **Equipment Schedule**
 - ANSI equipment schedule i.e. equipment certified or classified for sanitation by an ANSI accredited certification program such as NSF, UL-EPH, ETL-Sanitation, BISSC/ETL-Verified
 - PROVIDE manufacture's name and model numbers
 - NON-ANSI Equipment Schedule (Subject to ACCHD approval)
 - PROVIDE manufacture's name, model numbers and manufacture's specification sheets
- 3) **Site Plan**
 - Showing location of business in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well, septic system etc.).
- 4) **Floor Plan of Food Establishment – Required for the Mobile Unit & Commissary**
 - Showing location of equipment, plumbing, electrical services and mechanical ventilation
 - Professionally drawn to scale ¼" renderings on an 11" x 17" paper minimum
- 5) **Finish Schedule** – Composition of floors, walls and ceiling
- 6) **Elevation Plan** – all sides, front, back, top views of the mobile unit) are preferred to locate utility hook-ups, generators, propane tanks, serving windows, etc. around the vehicle
- 7) **Central Preparation Facility Site Plan** – Plan must show the location of storage and preparation area in building; location of building on site including alleys, streets; and location of any outside equipment (dumpsters, grease interceptor, well servicing area, septic tank, parking etc.)
- 8) **Food Manger Knowledge** – facility has (check all that apply):
 - A designated person in charge that is a Certified Food Manager and that can demonstrate knowledge of food-borne disease prevention, application of food safety principles, and the requirements of the REGULATIONS will be available during all hours of operation (REQUIRED)
 - A written Employee Health policy that excludes or restricts food workers who are ill or have infected cuts or lesions;
 - A written policy reporting imminent health hazards to a regulatory authority.
 - A written policy for employees to follow when cleaning up a contamination event.
 - Consumer advisory on menu to notify customers that specify animal based foods (such as meat, poultry, fish, shellfish or eggs) when served raw or undercooked are not processes to eliminate pathogens.

PLAN REVIEW APPLICATION – Mobile Unit

Purpose of Application

☐ New Construction ☐ Major Remodel ☐ Change of Service ☐ Change of Ownership

Type of Application

(Check all that apply)

Unit Type	Process Type – * Definitions Below		
<input type="checkbox"/> Ice Cream Truck	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Snow Cone Truck	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> Roadside Vendor	<input type="checkbox"/> 1		
<input type="checkbox"/> Full Service Mobile Unit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
<input type="checkbox"/> Limited Service Mobile Unit	<input type="checkbox"/> 1		

*Process Type Definitions:

- ❖ Process 1 – Vending or service of food beverages with or without preparation and involves no cooking
- ❖ Process 2 – Food preparation for same day service
General Steps: Received → Store → Prepare → Hold → Serve → Vend
- ❖ Process 3 – Complex food preparation
General Steps: Received → Store → Prepare → Cook → Hold → Serve
General Steps: Received → Store → Prepare → Cook → Cool → Hold → Serve

Establishment and Owner Information

Name of Establishment:			
Unit License Plate Number:		VIN:	
Registered Address:			
Name of Owner:			
Owner Telephone:		Alternative #:	
Owner Email Address: <i>(Required)</i>			

Applicant Information ☐ Same as above

Applicant Name:	Title (owner, manager, contractor, etc.):
Applicant Telephone:	Alternative #:
Projected Date for Start of Project:	Projected Date for Completion of Project:

Operating Information

Operating Hours:		Number of Staff per Shift:	
Number of Seats:		Number of Floors:	
Number of Restrooms:		Frequency of Food Deliveries:	
Projected Number of Plates per Day:		Total Square Feet of Facility:	

Menu Information

In addition to the complete menu provided, describe what foods will be prepared on the MFU. Describe how items are stored, prepared and served.

Central Preparation Facility

Give a description of the type of advance food preparation that will occur at the central preparation or commissary facility used by the mobile unit. (EX: portioning foods, cutting vegetables, or pre-cooked sauces.)

Dry Storage

Number of Cabinets (not sink cabinets):		Number of Shelving Units:	
Will you have single service items?	<input type="checkbox"/> Disposable Only <input type="checkbox"/> NA		
Returnable/damaged foods storage location:			
Location designated for chemicals or non-food related items (such as tools for the engine, gasoline, etc.):			

Cold Storage

Refrigeration Storage Space (square feet):		Number of Refrigeration Units:	
Frozen Storage Space (square feet):		Number of Freezer Units:	
Will raw meats, poultry and seafood be stored in the same refrigerators and freezers with cooked/ready-to-eat foods? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how will cross-contamination be prevented?			

Food Preparation

Will all produce be washed on-board the mobile unit prior to use?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
If no, will pre-washed and packaged produce be used?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Does the operator have HACCP plans for the following special process? Please submit a variance request if any of the following are yes.						
Smoking Food – Preservation ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Curing Food ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Food Additives/Adding Components – Preservation ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Live Molluscan Shellfish Tank ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Custom Processing Animals ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Reduce Oxygen Packaging/Sous Vide ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Sprouting Seeds/Beans ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Other Food/Beverage Special Processes ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA
Will the facility be serving food primarily to a highly susceptible population (elderly or children)? ----- -----	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	NA

Thawing Frozen Potentially Hazardous Food

Thawing Methods – Check all that apply.	<input type="checkbox"/> Refrigeration <input type="checkbox"/> Microwave
---	---

Cooking/Reheating

How will foods be cooked to temperatures that kill pathogens? ☐ NA

List <u>cooking</u> equipment:	1)
	2)
	3)
Type of ventilation hoods for equipment:	<input type="checkbox"/> Type I with suppression <input type="checkbox"/> Type II

Hot Holding

How will hot TCS foods be maintained at 135°F or above during holding prior to service? ☐ NA

List <u>holding</u> equipment:	1)
	2)
	3)

Cooling

How will hot TCS foods be cooled to 41° F within 6 hours (135°F to 70°F in 2 hours, then 70°F to 41 in 4 hours)?

Check all cooling methods to be used: ☐ shallow pans ☐ ice baths ☐ ice paddle
☐ reduced volume ☐ blast chiller ☐ refrigerators
☐ walk-in refrigerator ☐ other: _____

List all foods that will be subject to cooling: (Use additional blank paper if needed)

1)
2)
3)
4)

Sinks

Location	4 Comp Sink	3 Comp Sink	Prep Sink	Dump Sink	Hand Sink(s)	Mop Sink
Onboard the Mobile Unit						
Central Preparation/Commissary						
Commissary Restroom						

Dishwashing Facilities

How will cooking utensils and service ware be washed?

Utensils and equipment onboard the mobile unit will most likely be:
Equipment and/or utensils that are planned to be washed at CPF/Commissary are:

Indicate the Desired Sanitation Method

<input type="checkbox"/> Hot Water – Submersed under 180°F or above water	<input type="checkbox"/> Quaternary Ammonia – Submersed in 200 PPM for at least one minute of contact time
<input type="checkbox"/> Chlorine – Submersed in 50-100 PPM of available chlorine for at least 30 seconds of contact time	<input type="checkbox"/> Other: _____ _____

Sanitation

1) Describe how the potable water system will be cleaned and sanitized.

2) What type of sanitizing agent will you use to sanitize the potable water tank?

☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine

Insect and Rodent Control

Flanges, plate covers, escutcheons and/or other approved and effective means required around piping.

Area	Air Curtain	Screening/Weather Stripping	Self-Closure	Dock Boots	NA
Service Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Service Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of contracted pest control company? _____					

Finish Schedule

Indicate which materials (quarry tile, stainless steel, FRP, etc.) will be used in the following areas. If plans were provided we will reference. If not this section must be completed,

Location	Floor & Base Covering	Wall	Ceiling	NA
Food Prep Areas				<input type="checkbox"/>
Storage Areas				<input type="checkbox"/>
Hand/Dump Sinks				<input type="checkbox"/>
Ware Washing				<input type="checkbox"/>

* No unnecessarily exposed conduits, piping, framing, and/or other items/parts of the mobile unit allowed.

Water Supply/Plumbing Connections

Potable (Fresh Water) Tank labeled "Potable Water Only"?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Gallon Capacity:		Tank Type:	
Inlet Type & Diameter (3/4" or less)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type of solder/glue for tank used	
Water Supply:	<input type="checkbox"/> Public <input type="checkbox"/> Private - Provide a copy of ANRA license and service contract.		
Ice:	<input type="checkbox"/> NA <input type="checkbox"/> Made on site	<input type="checkbox"/> Purchased Commercially	
Hot Water:	Recovery capacity of hot water system: _____	_____ # Gallon Capacity	

Backflow Protection

PRZ - Reduced Pressure Assembly

AVB - Atmospheric Vacuum Breaker

	RPZ	AVB	Other: _____
Hose Bibs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbonator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Dispensers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where will the potable water come from to supply the fresh water system in the mobile unit? (Private - Residential well water is not approved) * The potable system requires the use of a food grade hose to fill the potable tank.

Sewage Disposal

Waste Water Tank labeled "Waste Water Only"?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gallon Capacity: _____	Tank Type: _____
Outlet Type and Diameter (1" or greater):	<input type="checkbox"/> Yes <input type="checkbox"/> No
When not at a food truck park, where would you dispose of the liquid waste generated by the mobile unit?	

Linens/Laundry Service

Location:	<input type="checkbox"/> Onsite – (Provide Details)	<input type="checkbox"/> Offsite – Professional Service Contract (Provide Name)
	<input type="checkbox"/> NA – All disposable	
Details/Service Contract: _____		

Employees Dressing Areas & Personal Items

Describe location and/or procedures to prevent contamination of food and/or food related/contact items and/or areas: (Use additional blank sheet if needed)

AGREEMENT

I attest to the accuracy of the information provided, affirm to comply with Chapter 437 of the Health & Safety Code and the applicable provisions of 25 TAC - Chapter 228 of The Texas Food Establishment Rules and agree to abide by them and will allow the regulatory authority access to the mobile food unit during any reasonable time to inspect, conduct tests, or collect samples as required.

I hereby certify that the above information is correct, and I fully understand that any deviation from the above without prior permission from the Angelina County and Cities Health District (ACCHD) may nullify final approval.

Signature(s): _____

Title(s): _____ Date: _____

Approval of these plans and specifications by Angelina County and Cities health District (ACCHD) does not indicate compliance with and other code, law or regulation that may be required by federal, state, or local agencies. It further does not constitute endorsement or acceptance of the completed establishment (structure, equipment, or operational plans).

A pre-opening inspection of the establishment with equipment installed and operational is required for commencing operations.

MOBILE FOOD UNIT COMMISSARY AGREEMENT

A mobile food unit operating in Angelina County is required to have a commissary serving as a base of operations for the mobile food unit and must be able to provide the services necessary to support the mobile food unit operation. A completed commissary agreement is required at the time of application for a Health Permit. Information provided on this agreement will be verified.

MOBILE FOOD UNIT INFORMATION

Name: _____

Address: _____

City: _____

Zip: _____

Phone #: _____

Email: _____

Length of Contract with Commissary: ☐ 6 Months OR ☐ 1 Year

Please indicate ALL support services the commissary will provide for your mobile food unit:

- | | | |
|---|--|---|
| <input type="checkbox"/> Mobile food unit storage | <input type="checkbox"/> Wastewater disposal | <input type="checkbox"/> Food storage |
| <input type="checkbox"/> Fresh water supply | <input type="checkbox"/> Grease/Cooking oil disposal | <input type="checkbox"/> Equipment/Utensils storage |
| <input type="checkbox"/> Food preparation | <input type="checkbox"/> Garbage disposal C | <input type="checkbox"/> Chemical storage |
| <input type="checkbox"/> Ware washing facilities | <input type="checkbox"/> Mobile unit cleaning facilities | <input type="checkbox"/> Other: _____ |

COMMISSARY INFORMATION

Name: _____

Address: _____

City: _____

Zip: _____

Phone #: _____

Email: _____

Commissary Days of Operation: ☐ SUN ☐ MON ☐ TUE ☐ WEN ☐ THUR ☐ FRI ☐ SAT

If the commissary permit is issued by any agency other than Angelina County & Cities Health District, please provide copies of the commissary's permit to operate and last inspection report along with this commissary agreement. Failure to comply with Texas Food Establishment Rules may result in suspension of your operation.

Mobile Food Unit Owner Signature

Date

Commissary Owner/Manager Signature

Date