



CITY OF DALLAS

**Department of Code Compliance  
Consumer Health Division**

7901 Goforth Rd. Dallas, Texas 75238

**Plan Review Application – Mobile Food Vehicle (Hot Trucks) and Trailers**

**RETURN APPLICATION TO:**

Department of Code Compliance  
Consumer Health Division  
7901 Goforth Rd.  
Dallas, Texas 75238  
Phone: 214-670-8083  
Fax: 214-670-8330

**FOR OFFICE USE ONLY**

INV# \_\_\_\_\_

Date Plans Certified \_\_\_\_\_

Reviewed By \_\_\_\_\_

**The City of Dallas does not accept payments in the field.**

**Vehicle Information:**

Vehicle Name: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Vehicle Make, Model, Year: \_\_\_\_\_

Type of mobile food preparation vehicle (Check One):  Originally Manufactured  **Commercially** Converted/Retrofitted

Name of Manufacturer: \_\_\_\_\_

Manufacturer Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Has the vehicle been permitted by the City of Dallas before? \_\_\_\_\_ If yes, vehicle name under which it was permitted: \_\_\_\_\_

Previous Owner's Name: \_\_\_\_\_

**Owner Information:**

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Plan Review Drawing:**

The floor plan drawing should be a good representation of how the vehicle looks in real life. The plan does not have to be professional, but does have to be to scale, detailed and legible. No free hand drawing will be accepted. Drawing "to scale" means that everything is drawn to the correct proportion (**minimum 1/2"= 1'**). Two sets of drawings are required showing a top view and both side views. Dimensions must be shown of the overall interior, equipment, plumbing fixtures, and water tanks. Along with the drawing provide a list of all food service equipment used on the vehicle. Include the manufacturer specification sheet of all equipment listed. Submitted plans that are not drawn correct or are incomplete will be returned until finished properly. Once the plans have been accepted as complete, please allow up to **3** weeks for the review process. An inspector will contact the owner with any questions or to notify of approval. After the plan has been approved a time can be scheduled for an inspection of the vehicle.

**Vehicle Design Information:**

Describe the construction materials of the following:

Floor \_\_\_\_\_

Walls \_\_\_\_\_

Ceiling \_\_\_\_\_

Counters \_\_\_\_\_

Provide the dimensions of smallest area of the food service aisle-way: Aisle Width \_\_\_\_\_ Aisle Height \_\_\_\_\_

What is the capacity of the water supply tank? \_\_\_\_\_ Retention Tank? \_\_\_\_\_

What are the compartment dimensions of the three compartment sink? \_\_\_\_\_

What are the compartment dimensions of the handwash sink? \_\_\_\_\_

What type of power source is used to maintain the power demands of the vehicle and equipment? \_\_\_\_\_

Is all equipment National Sanitation Foundation (NSF) approved? \_\_\_\_\_

If no, list equipment: \_\_\_\_\_

**Operational Information:**

Name of Vehicle Commissary: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Name of Registered Food Manager for vehicle: \_\_\_\_\_

Food Manager Certificate #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

List all proposed menu items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List all Temperature Control for Safety (TCS) food items that will be stored in a raw state on the vehicle (e.g. beef, eggs, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_