

**CITY OF TEXAS CITY
ITINERATE VENDOR PERMIT APPLICATION**

*FRAUDULENT / FALSE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION
(Illegible and/or incomplete applications will be **denied**)*

Applicant's Full Name: _____

Applicant's Mailing Address: _____ Phone #: _____

DOB: _____ TX DL #: _____ SS #: _____

AGE: _____ HEIGHT: _____ WGT: _____ EYE COLOR: _____ HAIR COLOR: _____

EMPLOYER: _____
(Name and address)

List any Arrest / Convictions: *(Attach extra sheets if necessary)*

NAME OF VENDOR: _____

VENDOR LOCATION: _____

DATES OF EVENT: _____

TYPE OF PRODUCTS BEING SOLD: _____

SALES TAX LICENSE #: _____ HEALTH CERTIFICATE #: _____

INSURANCE COMPANY: _____ POLICY #: _____
(attach copy of declaration)

I authorize the Texas City Police Department to conduct a criminal history and background investigation and authorize release of any information.

Indemnification Clause

Applicant specifically agrees to indemnify, defend and hold the City of Texas City, its officers, directors, agents, representatives and employees harmless from and against any and all claims, expenses, damages, or other liabilities, including reasonable attorneys' fees and court fees, arising out of bodily injury or property damages arising out of or in connection with the event.

Applicant

Date

(Please attach Vendor Authorization Form)

APPROVED

DENIED

DATE

VALID DATES: _____

VENDOR AUTHORIZATION FORM

Property Owner/Business Name: _____

I (we) grant the applicant permission to use my (our) property at the location listed on the following dates.

Vendor Applicant: _____

Vendor Location/Address: _____

Vending dates from _____ thru _____

Printed Name (Property Owner)

Date

Signature (Property Owner)

Date

We the above signatories attest under penalty of perjury that the information on this form is true and accurate. We also understand that it is our responsibility to understand and comply with all applicable federal, state, and local regulations.

Sworn to and subscribed before me, this

_____ day of _____, 20____.

NOTARY STAMP

Notary Public

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LETTER OF COMMISSARY

Section 301.73.11.009(b)(1)(A) of the Texas Department of Health "Rules on Food Services Sanitation" states that "Mobile food units shall operate from a commissary or other fixed food service establishment and shall report at least daily to such location for all supplies and for all cleaning and servicing operations." In addition, all food products and supplies shall be stored in this facility at the end of the day's operation.

I am granting permission for my establishment to be used as a commissary for the mobile operation identified below. I understand that as a commissary, my facility and its equipment must be accessible to the mobile operator to comply with the regulation stated in the preceding paragraph.

COMMISSARY INFORMATION

COMMISSARY NAME _____
ADDRESS _____ PHONE NO. _____
CITY _____ STATE _____ ZIP _____
OWNER NAME _____
ADDRESS _____ PHONE NO _____
CITY _____ STATE _____ ZIP _____
PERMISSION GRANTED BY _____ DATE _____

MOBILE INFORMATION

MOBILE UNIT NAME _____
VEHICLE DESCRIPTION: MODEL _____ MAKE _____
VEHICLE IDENTIFICATION NO. _____ LICENSE PLATE NO _____
OWNER NAME _____
ADDRESS _____ PHONE NO _____
CITY _____ STATE _____ ZIP _____
SIGNATURE _____ DATE _____

Itinerant Permit

The following is required to obtain an Itinerant Permit:

Vendor Application

Vendor Authorization Form (notarized)

Copy of Driver License/ID

Copy of Sales Tax ID or DBA

Health Certificate (non pre-packaged food)

Commissary Certificate

(2) Passport Photos