



TEXAS CITY POLICE DEPARTMENT



Temporary Permit Food Truck Events *(1 – 3 Day Events Only)*

Document Checklist

Enter a check in the space provided for every document that you submitted.

- A. Application for Temporary Vendor
(signed and dated)
- B. Copy of State Issued Identification
- C. Copy of Sales Tax ID or DBA
- D. Copy of Health Certificate *(copy of application is acceptable)*
Health Certificate must be from Galveston County
- E. Criminal History (CCH) Verification Form *(signed and dated)*

We are only set up to receive cash, checks, or money orders as payment

**CITY OF TEXAS CITY
TEMPORARY 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 (Company): _____

NAME OF EVENT: _____

DATES OF EVENT: _____

TYPE OF PRODUCTS BEING SOLD: _____

SALES TAX LICENSE #: _____ HEALTH CERTIFICATE #: _____

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**

_____ **APPROVED**

_____ **DENIED**

_____ **DATE**

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH:	_____
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	