CITY OF GOLIAD

152 W. END STREET / P.O. BOX 939
GOLIAD, TEXAS 77963
PH: 361-645-3454 ~ FAX: 361-645-8315
EMAIL: GOLIAD@GOLIADTX.NET

MOBILE FOOD VENDOR PERMIT

Mobile Vendor Business Name: _____

Mobile Vendor Owner: _____ Phone: _____

Mobile Vendor Responsibility Party: _____ Phone: _____

Residence Address: _____ City: _____ State: ___ Zip Code: _____

Business Address: _____

Identification Number/State: _____ Number of employees: _____

Days and Hours of Operation: _____

Mail renewals to: City of Goliad

Application Fee: $ 15.00 **Background Check Fee: $50.00**

Renewal fees: $ 35.00 a day **$75.00 six months** **$ 150.00 yearly**

Check One: ( ) Proprietorship ( ) Partnership ( ) Corporation

Type of Vendor: ( ) Unrestricted (open food) ( ) Restricted (prepackaged)

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____ State: ____ Zip Code: _____

Name of Central Preparation Facility (CPF): _____

Address: _____ City: _____ State: ___ Zip Code: _____

Owner/Manager's Name: _____ Phone number: _____

List foods to be sold from mobile Unit: _____

Days and times working at CPF: _____

The mobile food unit must be inspected and have a permit affixed to it. Permit expiration date is indicated on the permit. Quarterly permit fees are based on City ordinance. Fee payable to:

CITY OF GOLIAD

All the information contained in this application is true and correct to the best of the applicant's knowledge. Applicant acknowledges that the permit applied for shall be subject to all provisions of the orders and ordinances of the City of Goliad under which the permit is granted, and shall be subject to all provisions and statutes and rules adopted under the statutes of the State of Texas governing food service establishments, retail food stores, mobile food units and roadside food vendors.

_____ _____

Signature of Applicant **Date**

FORM OF PAYMENT: CASH, CHECK OR MONEY ORDER ONLY.

THE CITY OF GOLIAD IS AN EQUAL OPPORTUNITY EMPLOYER