MOBILE FOOD VENDOR PERMIT

Business Name: _____

Owner's Name: _____

Mailing Address: _____

Physical Address: _____

City/ Town/ Zip: _____

Loaction to Park Truck: _____

Please provide a copy of the following:

Copy of your Drivers License

Copy of your Financial Responsibility Insurance

State of Texas Sales Tax Certificate

State of Texas Health Permit

Written Permission from the property owner to be on their premises

Circle One:

Fee: $100 for a 6 month period

Fee: $25 for a 3 day period

Today's Date: _____

Expiration Date: _____