PO Drawer 400 ● 2665 San Angelo ● Ingleside, TX 78362
Phone: 361-776-3815 - building@inglesidetx.gov

MOBILE FOOD VENDING REGISTRATION

($150.00 fee + $10 back ground check fee for each employee)

Permit #: _____

Mobile Vending Unit Name: _____

[ ] Sole Proprietorship [ ] Partnership [ ] Corporation

OWNER: Name: _____ Phone #: _____

Address: _____
(Number & Street) (City) (State) (Zip)

Email Address: _____

Driver's License #/ST: _____ State Sales Tax ID# _____

Unit Type: [ ] Motor Vehicle [ ] Trailer [ ] Pushcart [ ] Other (Specify) _____

Vehicle Make: _____ Model: _____ Year: _____

Color: _____ License Plate #:_____ State: _____ VIN#_____

Hours of Operation: _____ A.M./P.M. to _____ A.M./P.M.

_____Valid legal registration of food truck or trailer
_____Certificate of liability insurance with the City of Ingleside listed as a certificate holder
_____Valid San Patricio County Health Department permit specific to the above food truck
_____Valid Drivers License of applicant and each employee listed

List of Employees:

Name:_____ DL#/ST:_____

Name:_____ DL#/ST:_____

Name:_____ DL#/ST:_____

Signature: _____ Reviewed By: _____ Date: _____

City Of Ingleside

P.O. Drawer 400 • Ingleside, TX 78362 • Phone (361)776-3815 • Fax (361)775-0109

Background Check Consent and Release Waiver

National Background Screening Consent Form

Applicant's Legal Name (printed)

_____

Social Security Number_____ Date of Birth_____

Applicant's Address _____

City _____ State _____ Zip _____

I,_____, authorize and give consent for the City of Ingleside to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the City of Ingleside my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of the Mobile Food Vender Permit.

Print Name:_____ Date: _____

Signature: _____