

## MOBILE FOOD VENDOR PERMIT

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/ Town/ Zip: \_\_\_\_\_

Location 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: \_\_\_\_\_