



117 Cook St. • Dayton, Texas 77535 • Telephone - (936) 258-2642 • FAX - (936) 258-2348

MOBILE FOOD VENDORS PERMIT APPLICATION

Permit Fee \$500.00

VENDOR NAME: _____ PERMANENT ADDRESS: _____

LOCAL ADDRESS: _____

COMPANY/BUSINESS NAME: _____ CONTACT #: _____

NAME/NUMBER OF DIRECT SUPERVISOR: _____

TX SALES TAX ID#: _____ BOND INSURER: _____ (ATTACH A COPY)

SOLICITORS DOB: _____ SS#: _____ DL# _____ STATE: _____

TEXAS DEPT. HEALTH Current Health Permit : Yes / No

VEHICLE DESCRIPTIONS: (list all vehicles involved with vending)

_____ make _____ model _____ year

_____ make _____ model _____ year

HEIGHT: _____ WEIGHT: _____ EYE/HAIR COLOR: _____

SCARS/TATTOOS: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE IN ANY CITY/STATE/COUNTRY WITHIN THE LAST 10 YEARS? EXPLAIN:

Do you have unpaid civil judgments against you in any state or U.S. possession which arise from a business activity which would have been covered by this section if in effect at the time in the jurisdiction where such judgments are of record. _____

If the permit is obtained by false representation in the application or by deceptive trade the permit will be revoked.

I, _____ ACKNOWLEDGE THAT I AM FAMILIAR WITH THE TERMS OF THE CITY OF DAYTON ORDINANCE AND ITS PROVISIONS FOR MOBILE FOOD VENDORS AND I SWEAR THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I ALSO UNDERSTAND, IF I DO NOT PROVIDE ALL INFO AS STATED HEREIN, I CANNOT DO ANY VENDING WITHIN THE CITY LIMITS OF DAYTON.

SIGNATURE OF MOBILE FOOD VENDORS

DATE

| | |
|-----------------------------------|----------------------------|
| Approved/ Not Approved by: | |
| _____ | _____ |
| Title: _____ | Date: _____ |
| PERMIT# _____ | |
| ATTACHED: bond copy: _____ | |
| permit copy: _____ | tx d.l. copy: _____ |

Please attach copies of Texas Department of Health certificates/permits and all other state and federal certificates/permits associated with your vending goods or services.