



FOOD VENDOR/ VENDOR PERMIT APPLICATION

City of Lindale
P.O. Box 130 /105 Ballard Dr.
Lindale, TX 75771
Phone: 903-882-6861 Fax: 903-881-8170
Email: iselag@Lindaletx.gov

License # _____

Type of Permit: New Renewal Permit Fee: Weekly \$100.00 Annual \$300.00

This application must be filled out completely and returned with all required copied documents listed below:

- State and Local Health Food Establishment Permit
- Texas Sales and Use Tax Permit
- Driver License
- Proof of current motor vehicle liability insurance and/ or MFV unit insurance
- A written agreement with the property owner where vendor is to be located authorizing the use of the property
- Site plan(s) of location of truck/booth along with any parking

Incomplete applications will not be accepted. Application for a permit does not guarantee that a permit will be granted.

Business Name _____ License Plate Number: _____

Mailing Address: _____
Street No. & Name City, State Zip Code

Business Phone: _____ Cell Phone: _____

Email Address: _____

OPERATING AT SINGLE SITE MULTIPLE SITES DRIVING ROUTE

If Operating at multiple sites or if you have a driving route, complete the operating schedule attached. Single Site, fill in box directly below.

<p>Business Name of Proposed Location of Operation: _____</p> <p>Days and Hours You will be operating: _____</p>
--

VENDOR RESPONSIBLE FOR CONCESSION OPERATIONS

Booth/Concession Name _____

Name of Applicant _____ DL# _____ (A copy must be provided)

Mailing Address: _____
Street No. & Name City, State Zip Code

Email Address _____ Cell Phone: _____

FOOD TO BE PRODUCED (Only listed food and drinks will be allowed)

Describe in Detail, Method of Service & Production: _____

All information provided on this application is true and correct to the applicant knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the codes and statutes and all rules adopted under the codes and statutes of the State of Texas governing food service operations. Applicant attests to having read associated information in this application which details responsibilities and requirements for the concession operation and agrees to comply with requirements acknowledging that failure to comply may result in immediate cessation of operations. By signing this application, the above listed applicant authorizes the City of Lindale to perform a background investigation.

Signature of Applicant _____ Date _____

Building Official: _____ Date _____ Approved _____ Denied _____



OPERATING SCHEDULE

This form shall be used to identify multiple site locations or a driving route. Provide driving route on back. You may also use your own form.

Mobile Food Vendor Information

Name of Business: _____

Operator: _____ Cell Phone: _____

Location

1

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

Location

2

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

Location

3

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

Location

4

Name of Business: _____ Address: _____

Business hours of operation: _____

Days and hours you will be operating _____

For driving route, please list below the location and approximate day and times you will be visiting these sites.

Mobile Vendor _____

Stop #	Day(s)	Time	Address/Location of Each Stop
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			