



VENDOR PERMIT APPLICATION
\$100 FEE – VALID FOR ONE (1) CALENDAR YEAR

Vendor Name: _____ **Vendor Address:** _____

Contact Number: _____ **Alternate Number:** _____

DOB: _____ **Race:** _____ **Sex:** _____ **Height:** _____ **Weight:** _____

Hair: _____ **Eye:** _____ **D/L# :** _____ **State:** _____

Email Address: _____ **Alternate Contact Name / Number:** _____

Name of Employee(s)/Contact Number(s):

1. _____
2. _____
3. _____

(Attach additional sheet if needed)

Business Name(s): _____

Type of Business: _____ **Food** _____ **Fruit** _____ **Seasonal/Holiday Items** _____ **Other** _____

Vending/Selling Locations (Permission/Authorization letters required):

1. _____
2. _____
3. _____

COPIES OF DOCUMENTS ARE REQUIRED FOR VENDOR PERMIT CHECKLIST BELOW (PROVIDE LICENSE/CERTIFICATE NUMBERS, IF REQUIRED):

Health Certificate/License: _____

Fire Department/Fire Marshall Certificate (if cooking): _____

Police Department Clearance/Background Checks: _____

Texas Sales Tax Certificate: _____

Federal Business ID# (EIN)/SSN: _____

Property Owner's Permission /Authorization Letter: _____