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| <b>FOR OFFICE USE ONLY</b> |       |
| Project No.                | _____ |
| DATE SUBMITTED:            | _____ |
| TIME:                      | _____ |
| STAFF:                     | _____ |

## MOBILE FOOD VENDOR APPLICATION

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| <b>Check one:</b> <input type="checkbox"/> New Application <input type="checkbox"/> Renewal <input type="checkbox"/> New Concession Cart <input type="checkbox"/> Cart Renewal |
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**The following items must be submitted for the application to be considered for review.**

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| <b>MINIMUM SUBMITTAL REQUIREMENTS</b>  |
| <input type="checkbox"/> Application Fee ( <b>Refer to the Planning and Development Fee Schedule for all applicable fees</b> )<br><input type="checkbox"/> Mobile food Vendor Application completed in full. This application form provided by the City of College Station must be used and may not be adjusted or altered. Please attach pages if additional information is provided.<br><input type="checkbox"/> \$1,000 Surety bond made payable to the City of College Station<br><input type="checkbox"/> Written permission from private property owners / representatives (not required for public property)<br><input type="checkbox"/> Addresses and graphical description of sales locations<br><input type="checkbox"/> Written authorization from a Food Service Establishment to use their private facilities<br><input type="checkbox"/> Provide the Sales Tax Number with a copy of the Sales Tax Permit that has been issued specifically for the Mobile Food Vending unit<br><input type="checkbox"/> Copy of Brazos County Health Department Permit. A Mobile Food Vendor permit must be issued to the Applicant from the Brazos County Health Department before application approval.<br><input type="checkbox"/> Photos of mobile food vending unit<br><input type="checkbox"/> Proof of business auto liability insurance covering the mobile food vending unit<br><input type="checkbox"/> State of Incorporation or filing of a partnership or articles of association for the mobile business<br><input type="checkbox"/> Copy of Chapter or Articles of Incorporation and current listing of directors, partners, or principles (if applicable, publicly traded companies are exempted)<br><input type="checkbox"/> Copy of permits to do business in Texas for foreign companies<br><input type="checkbox"/> Copy of ID showing birth date of applicant<br><input type="checkbox"/> Copy of Driver's License of the primary contact while the unit is in route (must be valid to operate a vehicle in the United States)<br><input type="checkbox"/> Applicant's Sworn Affidavit |

**APPLICANT INFORMATION:**

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell No. \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**BUSINESS OWNER INFORMATION:**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Tax Identification No. \_\_\_\_\_ Sales Tax No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**UNIT CONTACT INFORMATION (Primary Contact for the unit while in route):**

Name \_\_\_\_\_ Driver's License No. \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_  
Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**FOOD SERVICE ESTABLISHMENT INFORMATION**

Name of Business \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone No. \_\_\_\_\_

**UNIT INFORMATION**

Make \_\_\_\_\_ Model \_\_\_\_\_  
Year \_\_\_\_\_ Vehicle Identification No. \_\_\_\_\_  
License Plate No. \_\_\_\_\_ Color of unit \_\_\_\_\_

Will You be cooking in the truck/trailer ?  Yes  No

Is a vent hood installed in the truck/trailer ?  Yes  No

Description of Edible Goods being sold:

Description of signage (banners require a separate permit):