



CITY OF AMES - 304 MARTIN ST - AMES, TX 77575 - 936.336.7278

MOBILE FOOD VENDOR APPLICATION

Application Fee \$500.00

Date: _____

MOBILE FOOD VENDOR:

Truck Name: _____

Permanent Address: _____ City: _____ State: _____ Zip: _____

Local Address: _____ City: _____ State: _____ Zip: _____

Company/Business Name: _____ Contact: _____

Fax: _____ Email: _____ Phone: _____

COMPANY INFORMATION:

Supervisor: _____ Phone: _____

Tx Sales Tax Id#: _____ Bond Insurer: _____ (Attach A Copy)

Solicitors D.O.B: _____ SS#: _____

Texas Dept. Health Current Health Permit: Yes / No DL# _____ State: _____

VEHICLE DESCRIPTIONS: (list all vehicles involved with vending)

_____ Make _____ Model _____ Year / _____ Make _____ Model _____ Year

_____ 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?

EXPLAIN:

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

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. _____

I, _____ ACKNOWLEDGE THAT I AM FAMILIAR WITH THE TERMS OF THE CITY OF DAYTON ORDINANCE AND ITS PROVISIONS FOR SOLICITATION 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.

Applicant's Signature: _____ Date: _____

Applicant's Printed Name: _____

Approved/Not approved: _____ BY: _____ PERMIT# _____

ATTACHED: Bond Copy: _____ Permit Copy: _____ TXDL 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.

TO SUBMIT FORM PLEASE EMAIL IT TO ACARRINGTON@CITYOFAMESTEXAS.COM