



Mobile Food Vendor Permit Application

PLEASE FILL OUT ALL INFORMATION:

OWNER/OPERATOR: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

DRIVERS LICENSE# (ATTACH CURRENT COPY): _____

PHONE: _____ EMAIL: _____

DOING BUSINESS AS (DBA): _____

TYPE OF VENDING OPERATION: _____

DESCRIPTION OF ITEMS BEING SOLD:

VEHICLE BEING REGISTERED: _____

VEHICLE DESCRIPTION: _____

VIN & LICENSE PLATE #: _____

COMMISARY ADDRESS & PERMIT # (IF REQUIRED):

HEALTH INSPECTION \$150.00

FIRE INSPECTION \$25.00

-PAYMENT OF LICENSE FEE WILL NOT CONSTITUTE APPROVAL FOR OPERATION UNLESS
ALL MOBILE VENDOR FOOD ORDINANCE STANDARDS ARE MET.

-PERMIT FEES ARE NON-REFUNDABLE AND EXPIRE ON SEPTEMBER 30 ANNUALLY

-CALL 210-619-1650 TO SCHEDULE PAYMENT/INSPECTION

-INSPECTION WILL BE CONDUCTED IN THE PARKING LOT OF BUILDING #1 @1400
SCHERTZ PARKWY, SCHERTZ, TX

All of the information contained in this application is true and correct to the best of the applicant's knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the orders and ordinances of the City of Schertz and shall be subject to all provisions of the statutes and rules adopted under the statutes of the State of Texas governing food service establishments.

Applicant Signature: _____ **Date:** _____

Office use only-Permit#: _____ Date Pd.: _____ Ck/CC