



TOWN OF HORIZON CITY
 14999 Darrington Road
 Horizon City, Texas 79928
 Phone 915-852-1875 Fax 915-852-1005

VENDOR
LICENSE APPLICATION

SITE ADDRESS/PARKED LOCATION: _____

LICENSE TYPE: PEDDLER TRANSIENT MERCHANT MOBILE FOOD PUSHCART
EVENT: SPECIAL PUBLIC ENTITY SPONSORED EVENT BY GOV'T ENTITY NOT APPLICABLE FOR SPONSORED/SPECIAL
EVENT NAME: _____ **SPONSOR'S NAME:** _____
 HAVE YOU RECEIVED THE EVENT'S RULES AND REGULATIONS? YES NO

VENDOR'S GOODS AND INFORMATION:

EVENT BEGINS: _____ **EVENT ENDS:** _____ **ONGOING AT LOCATION**
SALE TIME: _____ **AM TO** _____ **PM** **TYPE OF GOODS TO BE SOLD:** _____
 • AT THE TIME OF SALE, PRODUCTS BE DELIVERED IMMEDIATELY UPON RECEIPT OF PAYMENT? YES NO
 • WILL SALE OF PRODUCT REQUIRE A CASH DEPOSIT OR PAYMENT FOR FUTURE DELIVERY? YES NO
 • WILL SALE OF PRODUCT REQUIRE A CONTRACT OF AGREEMENT TO FINANCE THE SALE OF GOODS FOR FUTURE DELIVERY OR FOR SERVICES PERFORMED IN THE FUTURE? YES NO

PRIVATE PROPERTY: FACILITY OWNER INFORMATION & AUTHORIZATION:

NAME _____ **CONTACT:** _____
ADDRESS _____
CITY/STATE _____ **ZIP** _____
EMAIL: _____ **PH. NO.** _____ **CELL No.** _____
FACILITY RESTROOM LOCATION: INSIDE OUTSIDE **DAYS/HOURS RESTROOMS AVAILABLE:** _____

WRITTEN AUTHORIZATION (REQUIRED): NOTARIZED LETTER AFFIDAVIT POWER OF ATTORNEY

APPLICANT/ORGANIZATION INFORMATION:

APPLICANT/ORGANIZATION NAME _____
APPLICANT'S EMAIL: _____ **PH. NO.** _____ **CELL No.** _____
ADDRESS _____
CITY/STATE _____ **ZIP** _____
ORGANIZATION'S WEBSITE ADDRESS: _____
BUSINESS RECORD LOCATION: _____
APPLICANT'S DOB: _____ **BIRTH PLACE:** _____ **SALES TAX NO:** _____

APPLICANT IDENTIFICATION TYPE

TYPE: _____ **NUMBER:** _____ **COUNTRY OR STATE:** _____
 IS APPLICANT APPLYING ON BEHALF OF THEIR EMPLOYER? YES NO

APPLICANT'S EMPLOYER INFORMATION

NAME _____
ADDRESS, CITY, STATE, ZIP _____

OTHER PERSONS THAT ARE COVERED BY THE LICENSE: (COPY OF IDENTIFICATION REQUIRED)

NAME: _____
ID TYPE: _____ **NUMBER:** _____ **COUNTRY OR STATE:** _____
NAME: _____
ID TYPE: _____ **NUMBER:** _____ **COUNTRY OR STATE:** _____
NAME: _____
ID TYPE: _____ **NUMBER:** _____ **COUNTRY OR STATE:** _____
NAME: _____
ID TYPE: _____ **NUMBER:** _____ **COUNTRY OR STATE:** _____
NAME: _____
ID TYPE: _____ **NUMBER:** _____ **COUNTRY OR STATE:** _____

APPLICANT'S MOTOR VEHICLE INFORMATION: (COPY OF INSURANCE CARD FOR VEHICLES IS REQUIRED)

MAKE: _____ **MODEL:** _____ **YEAR:** _____ **COLOR** _____
STATE LICENSE PLATE NO. _____ **EXPIRATION DATE:** _____
MAKE: _____ **MODEL:** _____ **YEAR:** _____ **COLOR** _____
STATE LICENSE PLATE NO. _____ **EXPIRATION DATE:** _____

VENDOR LICENSE APPLICATION

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CENTRAL PREPARATION FACILITY INFORMATION, IF APPLYING FOR A MOBILE FOOD VENDOR LICENSE:

NAME: _____ ADDRESS: _____
CITY/STATE/ZIP: _____
MOBILE PERMIT NO. : _____ ISSUED DATE: _____

OTHER VENDING PLACES:

List places where the applicant carried on business within three months preceding the date of the application.

CITY/COUNTY _____ **LOCATION** _____
SITE ADDRESS _____
CITY/STATE _____ **ZIP** _____
CITY/COUNTY _____ **LOCATION** _____
_____ **LOCATION** _____
SITE ADDRESS _____
CITY/STATE _____ **ZIP** _____

APPLICANT STATEMENT

OTHER PERSON NAMED IN THIS APPLICATION MUST PROVIDE THIS STATEMENT, ON A SEPARATE PAGE

WITHIN FIVE YEARS OF THE DATE OF THIS APPLICATION, I, THE NAMED APPLICANT, HAVE BEEN CONVICTED OF A:

FELONY **AGGRAVATED MISDEMEANOR** **N/A**

AND/OR:

I AM CURRENTLY ON PAROLE AS A RESULT OF THE FELONY OR MISDEMEANOR WITHIN ONE YEAR OF THE DATE OF THIS APPLICATION.

AND/OR:

I, THE NAMED APPLICANT IS CURRENTLY REGISTERED AS A SEX OFFENDER? Yes No

DATE OF REGISTRATION: _____ TIME PERIOD FOR REGISTRATION: _____

SIGNATURE:

I, the named applicant, fully understand that if any part of the application is not true, correct, or if the application is not complete, it will disqualify me from obtaining a vendor license from the Town of Horizon City. Furthermore, I have read and fully understand the regulations as outlined in Ordinance No. 0092.

(Applicant's Signature)

(Date)

REQUIRED DOCUMENTATION CHECKLIST (If applicable):

ATTACHED ARE THE FOLLOWING COPIES: • COPY OF APPLICANT(S) IDENTIFICATION
• GENERAL LIABILITY INSURANCE • VEHICLE INSURANCE CARD • VEHICLE REGISTRATION INFORMATION
• BOND, IF APPLICABLE • SALES TAX LICENSE • VENDOR LICENSE FEE (\$40/120 DAY LICENSE OR \$85 ANNUAL)

IN ADDITION FOR MOBILE FOOD VENDOR:

• PRIVATE PROPERTY/OWNER'S RESTROOM USE & HOURS OF OPERATION AUTHORIZATION NOTARIZED LETTER
• MOBILE FOOD PERMIT • MOBILE FOOD VEHICLE INSPECTION REPORT • FOOD HANDLERS CERTIFICATES
• FOOD MANAGER CERTIFICATE • ESD#1 MOBILE INSPECTION VEHICLE REPORT • VENDOR LICENSE FEE (\$60/120 DAY LICENSE OR \$85 ANNUAL)

OFFICE USE ONLY:

The City has conducted an investigation as per Section 9, of Ordinance #92 and determined:

1. The applicant has been convicted of a felony or misdemeanor within the five years of the date of this application and found the applicant is currently on probation or parole or is currently registered sex offender within one year. Yes No
2. The applicant has been convicted of a violation of a peddler, vendor or similar ordinance in another City/County in the state of Texas within the past one year. Yes No

- 3. The applicant or a person named in the application has made any statement in the application that is false, misleading or fraudulent, unless the applicant can demonstrate that such statement was made as the result of excusable neglect. Yes No
- 4. The applicant fails to provide a bond/ and or insurance in the required form and amounts. Yes No
- 5. An applicant for a mobile food vendor license fails to identify a location for operations where such operations are allowed under or in compliance with this ordinance or the Zoning Ordinance of the Town of Horizon City. Yes No

An investigation or review of the application has determined that the request for a license is **denied**. A copy of this determination will be provided as notice to the applicant.

On _____, two days after this denial, a written report of the reason will be made available to the applicant.

(PERMIT OFFICIAL SIGNATURE)

(DATE)

- On _____, 201____. The application for a vendor's license has been reviewed and has been approved for issuance.

(PERMIT OFFICIAL SIGNATURE)

(DATE)

Application Rec'd Date: _____
By: _____
Permit No. _____
Date Issued: _____
Processed By: _____

DATE PAYMENT PROCESSED. . . . _____
 CASH CC CHECK. . . . _____ REFERENCE NO.
TOTAL RECEIVED. \$ _____