



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: _____

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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 SITE PLAN
• GENERAL LIABILITY INSURANCE • VEHICLE INSURANCE CARD • VEHICLE REGISTRATION INFORMATION
• BOND, IF APPLICABLE • SALES TAX LICENSE • VENDOR LICENSE FEE (\$100/120 DAY LICENSE OR \$250 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 (\$100/120 DAY LICENSE OR \$250 ANNUAL) **MOBILE UNIT TO BE ON HARD SURFACE**

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 _____, 20____. 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. . . .	
<input type="checkbox"/> CASH <input type="checkbox"/> CC <input type="checkbox"/> CHECK. . . .	REFERENCE NO.
TOTAL RECEIVED.	\$