



CITY OF DAYTON - 111 N CHURCH ST - DAYTON, TX 77535 - 936.258.2642

# 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 [PLANNING@DAYTONTX.ORG](mailto:PLANNING@DAYTONTX.ORG)**