



City of Alton

509 S Alton Blvd. Alton, Texas 78573
Ph: 956-432-0760 Fax: 956-432-0766 www.alton-tx.gov

MOBILE FOOD VENDOR APPLICATION

Applicant: _____
Name (Phone) (Alternate Phone)

Address: _____
(Street) (City) (State) (Zip)

Business Name: _____

Business Type: Proprietorship Partnership Corporation

Unit Type: Mobile Food Truck Concession Trailer Pushcart **Other:** _____

Mobile Unit VIN# _____ **Year:** _____ **License Plate State & #:** _____

Mobile Unit Make & Model: _____

Permit Fees:

Mobile Food Vendor Permit Fee: \$150.00, valid for one year from date of permit issuance. Each mobile food vendor unit shall be permitted separately.

Renewal fees: \$100.00, Applicant must submit renewal application and fee within 30 days of expiration of the permit or must reapply as a new applicant

Documents required to obtain permits:

- ____ 1. Valid Driver's License
- ____ 2. Menu or listing of foods to be sold
- ____ 3. Agreement for grease disposal issued by McAllen Public Utility Pretreatment Dept (956) 681-1760
- ____ 4. Property owner's permission letter to vend on their property (itinerary) & restroom agreements
- ____ 5. State Sales Tax # issued by the State Comptroller (956) 687-9227
- ____ 6. Photos of Vehicle/cart being used to vend
- ____ 7. Health Permit / Inspection Report issued by Hidalgo County Health Dept (956) 383-0111
- ____ 8. Certified copy of Applicant's **Background Check** from TXDPS. Fees may apply.

http://www.dps.texas.gov/administration/crime_records/pages/applicantfingerprintservices.htm

I, the undersigned applicant, do hereby certify that I am an authorized agent to act in behalf of said business; that all information contained herein is true and correct; and hereby agree to comply with all provisions pursuant to the City of Alton Mobile Food Vendor Ordinance 2015-05-0414, and all applicable State and Federal regulations. I further understand that every individual who conducts business for us as our representative whether acting as an employee, agent, independent contractor, and franchise or otherwise as applicant is responsible for compliance with all provisions of City of Alton Mobile Food Vendor Ordinance 2015-05-0414, by every such individual representative. I hereby authorize the City of Alton to fully execute a background check and I also hereby authorize any persons, office, agency or source, having information and knowledge about my personal criminal, credit or financial history or other related matters as may be necessary in arriving to an approval for permit request to furnish and release such information to the City of Alton. I hereby release agencies or persons from all liability in responding to inquiries in connection with my application.

Name of Applicant (Print) Applicant Signature Date

OFFICE USE ONLY			
PERMIT #:	AMOUNT PAID:	DATE:	EXP DATE:
ISSUED BY:	CRIMINAL HISTORY	PASSED	FAILED

Mobile Food Vendor Itinerary

All City of Alton Mobile Food Vendors are required to submit and maintain a current itinerary sheet detailing all vending locations, hours of operation at these locations. If any changes are to be made regarding the itinerary on file (i.e. changes to vending locations or times) then an updated itinerary must be submitted to this department prior to enactment of the changes. Failure to maintain a current and valid itinerary with this department may result in permit suspension and/or legal charges being filed.

Mobile Vending Unit Name (print): _____

Owner's Name (print): _____ **Phone #:** _____

Itinerary Valid From the Following Dates: _____ **to** _____ **Page:** _____ **of:** _____

Vending Location Address	Days at this location (circle all that apply)	Start Time	End Time
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM
	<input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM

(Please submit additional itinerary pages if needed)

Owner/Responsible Party Signature

Printed Name

Date

RESTROOM FACILITY AGREEMENT

All City of Alton mobile vendors operating at a location for duration of two (2) hours or more must provide this Restroom Facility Agreement form confirming the availability of a restroom for use within 150 feet of the vending location during the hours of operation. A valid Restroom Facility Agreement must be on file for each individual location a vendor operates at for two (2) or more hours. Failure to maintain a valid and accurate Restroom Facility Agreement form may result in permit suspension and/or possible legal charges being filed against the Mobile Vending Permit holder.

Vendors utilizing fixed establishment's restroom facilities must have the top portion of this form filled out and signed by the owner/responsible party of the facility intended for use. Those vendors utilizing portable restrooms must complete the bottom portion of this form. Note: Residential restroom facilities may not be utilized for this requirement.

Fixed Establishment Restroom Facility Agreement

I, _____, owner/responsible party for _____
Name of Business Owner (printed) Name of Business (printed)
located at _____, give permission to _____
Business Address (printed) Name of Mobile Owner (printed)

of _____ to use my restroom facilities for their employees during the mobile
Name of Mobile Vending Unit (printed)
unit's hours of operation. I understand that observations of inaccessibility to my restroom facilities during the mobile vendor's hours of operation, restroom facilities greater than 150 feet from mobile unit or sewage violations may result in this agreement being rescinded by the City of Alton.

Signature of Business Owner Printed Name of Business Owner Contact Phone Number Date

Signature of Mobile Vending Unit Owner Printed Name of Mobile Vending Unit Owner Date

Portable Restroom Facility Agreement

I, _____, owner/responsible party for _____
Name of Mobile Owner (printed) Name of Mobile Vending Unit (printed)

will adhere to the requirements of the Restroom Facility Agreement when in operation for two (2) consecutive hours or more. I will adhere to this requirement through the use of a portable restroom facility to be located at _____ which will be routinely serviced by _____
Name of Mobile Vending Unit (printed) Name of Mobile Vending Unit (printed)

and will be located and maintained in adherence to all local zoning and code regulations. I understand that observations of inaccessibility to my restroom facilities during the hours of operation, restroom facilities greater than 150 feet from mobile unit or sewage violations may result in this agreement being rescinded by the City of Alton.

Signature of Mobile Vending Unit Owner Printed Name of Mobile Vending Unit Owner Date