



City of Alton

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

Flea Market Vendor's Permit Application

Vendor _____
Name _____ (Phone) _____ (Alternate Phone) _____

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

Business Name: _____ **Business Type:** _____

Where will you vend?

Select duration of permit:

- Los Portales Flea Market
- Ochoa's Flea Market
- Leo's Flea Market

- 12 Months (\$25.00)
- 6 Months (\$15.00)
- 3 Months (\$10.00)
- One Day (\$10.00)

* * * (additional inspection fees may apply) * * *

REQUIREMENT: LEASE AGREEMENT OR DEPOSIT RECEIPT FROM FLEAMARKET

ADDITIONAL REQUIEREMENTS ONLY FOR FOOD PREPARATION/RESTARUANT TYPE ESTABLISHMENTS

COPY OF MENU OR LISTING OF FOODS TO BE SERVED

GREASE TRAP - MOBILE UNITS MUST PROVID COPY OF AGREEMENT FOR GREASE DISPOSAL

LIST HOURS OF OPERATION: Hours per Day: _____ Days per Week: _____ Seating Capacity: _____

COPY OF HIDALGO COUNTY HEALTH PERMIT MUST BE SUBMITTED AFTER FACILITY HAS BEEN INSPECTED BY CITY OF ALTON

SELECT ANY KITCHEN FIXTURES AT LOCATION (INCLUDE FLOOR DRAINS):

- | | | | | |
|---|---|------------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> 3 Compartment Sink | <input type="checkbox"/> Fridge/Freezer | <input type="checkbox"/> Stove | <input type="checkbox"/> Fryer | <input type="checkbox"/> Hand Wash |
| <input type="checkbox"/> Mop Sink | <input type="checkbox"/> Ice Maker | <input type="checkbox"/> Oven | <input type="checkbox"/> Grills | <input type="checkbox"/> Dishwasher |
| <input type="checkbox"/> Floor Drain | <input type="checkbox"/> Prep Table | <input type="checkbox"/> Microwave | <input type="checkbox"/> Dough Mixer | <input type="checkbox"/> Blender |

"THE PERMIT HERBY APPLIED FOR IS SUBJECT TO ALL PROVISIONS AND REGULATIONS OF THE LATEST ADDITION OF THE INTERNATIONAL BUILDING CODE AND ITS SUPPLEMENTS AND THE FLEA MARKET ORDINANCE OF THE CITY OF ALTON. THE APPLICANT HEREBY AGREES TO ABIDE AND BE GOVERNED BY SAID CRITERIA."

*Note:City Flea Market permit is transferable from market to market. Inspections will be required per vending site. (Not applicable for Bargain Bazars)

Applicant Signature _____ Date _____

OFFICE USE ONLY

Incident # _____ Date entered in INCODE _____ By _____