



# FOOD PERMIT APPLICATION

## SECTION I: PLEASE PRINT

Last Name:	Middle Initial:	First Name:	Date of Birth:
Home Address (physical):		Apt. Number:	Telephone Number:
City/State:	Zip Code:	Alternate Phone Number:	Social Security Number:
Driver's License Number/State: <span style="background-color: yellow;">A valid driver's license or State approved identification card number with photograph is required.</span>			

## SECTION II:

Business Name:	Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association	
Business Address:	Phone:	Sales Tax ID #: <b>Attach copy of Sales Tax Permit</b>
Product(s) or Service(s) you will be serving: (attach sample menu):		
Estimated Solicitation Period (provide beginning and ending dates): _____ _____		

## SECTION III:

<p>Please provide names, address and telephone numbers of two people as references, excluding relatives and people living with the applicant:</p> <p>1. _____</p> <p>2. _____</p>
<p>Have you been convicted of a felony or any crime involving moral turpitude within the last five (5) years?</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    If yes, give date, location, charge and disposition:</p> <p>_____</p>

**Office use only**

PERMIT #: \_\_\_\_\_

- Updated Contractor/Vendor's List
- Email Financial Dept. Information

**FEES:** APPLICATION FEE: \$ 5.00  
plus PERMIT FEE: \$10.00/MONTH X \_\_\_\_ = \$ \_\_\_\_  
TOTAL: \$ \_\_\_\_

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**A Food Vendor must provide the following with this application:**

- A copy of Food Manager's Training certificate;
- A copy of permit issued by the Texas Department of State Health Services;
- A list of foods and beverages to be served, stating the source of the item and when and where it will be prepared;
- A copy of state sale tax certificate; and
- A copy of driver's license or other state approved identification.

**AFFIRMATION:** I hereby certify that I have carefully read the application and that all the information contained therein is true and correct upon penalty of perjury. I understand that any false statement made by me on this application could cause the City to revoke the permit. I understand that I am required to abide by all rules and regulations per Chapter 113 of the City of Big Sandy's Ordinances. Further, I authorize the City of Big Sandy to investigate and verify the facts claimed by me on this application.

**AUTHORIZATION:** This application must be signed by the applicant if the person is an individual; if the person applying is a partnership, by a general partner; if the person applying is a corporation, by an officer.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CITY APPROVAL**

\_\_\_\_\_  
**DATE**