THE CITY OF
BURLESON
TEXAS

Mobile Vendor Name: _____

Date:_____   Permit #:_____   Fee: _____
Permit Effective Date:_____

PURPOSE OF THIS APPLICATION: Mark appropriate box to indicate purpose of application.

Please Note: Initial licenses will expire <u>one</u> year from date of payment receipt by the Department.
□ **New (Initial)**   □ **Renewal**

Is there a restaurant associated with the Mobile Food Operation? □ Yes □No   If so, name and address of restaurant:
   Name of Restaurant: _____
   Address: _____
   City: _____ **State:**_____ **Zip Code:**_____
    Phone #:_____

==*Please note that this permit only allows you to operate in conjunction with special events, temporary events and the farmers market (with additional permission)==

Type of Mobile Vendor

□ **Pre-packaged food (includes ice cream vendors)** – unit that only serves food that is prepared, packaged in individual servings, transported and then sold to consumers.
□ **Open and/or Food Prep** – unit that serves food that is prepared on the mobile unit and then sold to consumers.
□ **Sno Cone Trailer (□ seasonal or □ to be used with events) – *separate permit for each use.**

Owner of Mobile Unit
Name & Title:_____ **Driver's License Number:**_____
Address:_____
Phone Number: _____

Emergency Contact Information
Name:_____ Phone
Number:_____

Ownership of Business
□ Partnership _____ □ Corporation _____ □ Sole Proprietorship_____
Sales Tax ID #_____

Vehicle Make: _____ **Vehicle Model:** _____ **Vehicle Color:** _____
License Plate Number: _____ **VIN:** _____
Registration Number:_____ **Insurance Company:**_____

Insurance Policy Number: _____

Inspector's Signature_____ Date:_____

Applicant's Signature_____ Date:_____