

or Handler Certification (required for all employees)

City of Liberty

1829 Sam Houston | Liberty, TX 77575 Phone (936) 336-3684 | Fax (936) 334-0949 | Email: <u>permits@cityofliberty.org</u>

Mobile Food Vendor License Application

License Fee: \$60

Owner or Corporation Information:						
Owners Name:	Date of Birth:					
Mailing Address:	_City:State:Zip Code:					
DL or ID No.:	Social Security Number:					
Email Address:	Phone Number:					
Applicant Criminal History:						
Are you a registered sex offender?	□ Yes □ No					
Have you been convicted of a felony involving viol	lence? □ Yes □ No					
Do you have any outstanding warrants?	□ Yes □ No					
Establishment Information:						
Name of Establishment						
Location or Placement:	City: <u>Liberty</u> State: <u>TX</u> Zip Code: <u>77575</u>	_				
Motor Vehicle: Make:Year:Mo	odel:					
Color: License Plate:	State:					
Texas Sales and Use Tax Permit Number:(Copy of permit required)	Time of Operation:					
Number of Employees: After Hours Eme	ergency Number:					
Type and description of food or specific foods to be vended:						
Copies required for issuance of Permit:						
Texas Sales and Use Tax Permit Yes No	Received by					
State/County Health Permit Yes No	Received by					
Certified Food Manager Yes No	Received by					

Copy of Liability Insurance	Yes	No No	Received by	
Written Permission from Property Owner (if applicable)	Yes Yes	☐ No	Received by	
Copy of photo-ID	Yes	☐ No	Received by	
Proof of Fire Safety Inspection (by City of Liberty Fire Dept.)	Yes	☐ No	Received by	
Proof of Vehicle Registration	Yes	☐ No	Received by	
Photo of exterior of vehicle	Yes	☐ No	Received by	
Background Checks				
I hereby authorize the City of I Vendor applicant in accordance	•		gerprint-based background chec of Ordinances.	k on the Mobile Food
Applicant Signature			Date	
Acknowledgements				
 as a Mobile Food Vende I understand that a Mobile I understand that my Lieviolated. I understand that my Lieviolated. All Mobile Food Vende Division 3). I understand that I cann 	or. ile Food V cense may cense must ors must co ot provide, I truck unle	endor Licer be revoked be visible a mply with the build or placess my food	se expires on December 31 st . if any sections of Article 4.09 of t all time at my place of business ne City's Fats, Oils, and Greases are freestanding structures (table truck is located within an approximation of the control of th	Sthe Code of Ordinances are s. Ordinance (Article 4.09 – s, chairs, tents, canopies,
Signature				
Applicant Signature			Date	
City Signature			Date	

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OWNER/APPLICANT PROPERTY AGREEMENT

(Complete all parts of letter)

Print or Type All Information

Date:		
Ι,	tative"), for ("Busine	located at
("Owner or Represen	tative") ("Busine	ss Name")
	, hereby give permission	n to .
("Business Address")	, hereby give permission	("Applicant")
Applicant will conduct temp	orary food service activities from	through ("Date/Time")
("Date/Time")	("Applicant")	will be responsible for the proper disposal of
	including the cleanup time requi	erty free from litter and nuisance during the total red to remove all trash, rubbish, garbage, and litter
Owner/Representative Name	:(Sign & Print)	Date
Applicant's Name:	(Sign & Print)	Date

^{*}NOTE: Person signing letter *must* be the property owner or someone with the legal authority to authorize property use on behalf of owner.