

ORDINANCE NO. O-2020-10-12

MOBILE FOOD VENDOR PERMIT APPLICATION CHECKLIST

(Revised 11-09-20)

Name: _____

Company/Business Name (if applicable): _____

Tax Identification Number: _____

Local Address: _____

Permanent Address: _____

Driver's License Number: _____ Issuing State: _____

If NO State Issued Driver's License / Identification Card

Date of Birth: _____ Social Security Number: _____

Type Of Food Vendor

- | | |
|---|--|
| <input type="checkbox"/> Stationary Food Vendor | <input type="checkbox"/> Cold Food |
| <input type="checkbox"/> Non-Stationary Food Vendor | <input type="checkbox"/> Existing Vendor |
| <input type="checkbox"/> Hot Food | <input type="checkbox"/> Newly Established |

Use of Public and Private Places

- Written Permission of Private Property Owner/Tenant/Lessee (Signed) to Conduct Business
- Proof of Accessibility of Public Restroom Facility

Intended Days and Hours of Operation

Mon. Tue. Wed. Thur. Fri. Sat. Sun.

(Circle All That Apply)

_____ : _____ a/p.m. TO _____ : _____ a/p.m.

Exact Dates for which you will conduct business in the City of Nixon

From _____ / _____ /20_____ TO _____ / _____ /20_____

List of ALL Workers/Employees of Food Vendor

_____	_____	_____
_____	_____	_____

Food Handler's Permit(s)

State Issued Food Handler's Permit(s) for ALL Workers/Employees

Sales Tax Payment(s) to the State of Texas

Current Sales Tax Certificate

Most Recent Sales Tax Payment Receipt (Monthly/ Quarterly)

Exempt from Initial Application Due to Being a Newly Established Vendor

Criminal History Statement

- I have NO Criminal History in this State or any other State
- By my signature below, I authorize the City of Nixon, Texas to obtain my criminal history report.
- I have a Criminal History of a Misdemeanor / Felony / Municipal Ordinance Violation (IF checked, please provide an explanation as to date of the offense, the nature of the offense, the punishment received, if convicted or not convicted and the place of conviction on a separate sheet).

Payment to be received for goods sold at my establishment PRIOR to Final Delivery?

- Yes No

- Detailed List of all goods, wares, merchandise and/or services attached to this checklist?
- List of last five (5) Cities/Towns where Applicant has Conducted Business attached? (if applicable):
- Proof of General Liability/Casualty Insurance Coverage in the amount of no less than \$50,000.00 attached?

Operational Requirements

- Appropriate Waste Receptacles.
- Location does not block or restrict emergency vehicle apparatus access.
- Location does not restrict or block fire hydrants, fire lanes, etc.
- Type I Hood and fire suppression system [operations with grease laden vapors]
- One K-Class fire extinguisher.
- One 2A-10BC fire extinguisher.
- Propane Cylinders attached pursuant to Code?
- For Vendors with Portable Generator, 3A-40BC portable fire extinguisher.

Inspection by City Official:

Yes (Date: _____)

Official Signature for Inspection:

No Inspection.

PERMIT GRANTED?

YES

NO

Official Signature for Permit Approval/Denial:

Permit Fees Paid? Yes No

Amount of Permit Fees Paid: \$ _____