



## APPLICATION FOR TEMPORARY VENDOR PERMIT

The undersigned hereby makes application for:

Name of Event: \_\_\_\_\_

Event Date(s): \_\_\_\_\_ Event Time: \_\_\_\_\_

Event Address: \_\_\_\_\_

Booth Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone(s) #: \_\_\_\_\_

Email: \_\_\_\_\_

Products/Menu: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\*\*\*This form must be completely filled out to be accepted. Please type or print all information. Payment must accompany this application. **THERE WILL BE NO REFUNDS ONCE THIS APPLICATION IS SUBMITTED.**

**NO APPLICATION WILL BE APPROVED WITHOUT THE FOLLOWING:**

- Pictures of Mobile Establishment
- Copy of Texas Driver's License
- Fire Marshal Inspection & Brazoria County Health Inspection
- Payment

**ACKNOWLEDGEMENT**

NOTARY MUST BE PRESENT WHEN SIGNING THIS DOCUMENT

**I HAVE READ AND FULLY UNDERSTAND THE ATTACHED INFORMATION ON TEMPORARY HEALTH PERMITTING.**

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

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

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_,

known to me to be the person(s) whose name(s) is/are signed to the foregoing application and duly sworn by me, each

states under oath that he/she has read the said application and that all facts therein set forth are true and correct.

Sworn to before me, the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY