



APPLICATION FOR MOBILE VENDOR PERMIT

The undersigned hereby makes application for:

Mobile Name (DBA) _____

Phone No. _____

Sales Tax Permit: Taxpayer ID _____

Owner(s) Name _____ Phone No. _____

Owner's Home Address: _____ City _____

Mailing Address: _____ City _____ State _____ Zip _____

Texas Driver's License: _____ Date of Birth: _____

Type of Product Sold:

Make of Vehicle _____ Type of Vehicle _____ License Plate No. _____

Insurance _____ Policy Number _____ Expiration Date _____

Proposed Site of Operation _____

Normal Business Hours _____

***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.**

*1304 Monument Dr. Surfside, TX 77541 * (979) 233-1531 Fax: (979) 373-0699 * www.surfsidetx.org*

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 MOBILE VENDOR 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