

PERMIT APPLICATION

THIS APPLICATION APPLIES TO THE FOLLOWING: PEDDLERS, SOLICITORS, SPECIAL EVENTS, OPEN AIR VENDORS, FOOD ESTABLISHMENTS, SEMI-PERMANENT FOOD ESTABLISHMENTS AND CERTAIN TEMPORARY VENDORS AS DEFINED IN ORDINANCE CHAPTER 4, ARTICLE 4.03



This application must be filled out completely. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED. Application for a permit to operate does not guarantee that a permit will be granted. Permit approval is based upon the establishment or mobile food unit's compliance with state and local health requirements. MOBILE UNITS MUST BE PRESENT TO ISSUE PERMIT. In the event a permit is not issued, the permit fee may be refunded. No permit refunds for any reason after 180 days from receipt of payment. PERMITS ARE NON-TRANSFERABLE.

Permit Type (check one)					<input type="checkbox"/> Door to Door		<input type="checkbox"/> Specific Location						
Mobile Vendor Business Name: _____													
Mobile Vendor Owner: _____					Phone _____								
Mobile Vendor Responsible Party: _____					Phone _____								
TAX ID No. _____				Nature of items or services to be sold or solicited: _____									

Location of Business: _____													
			Street					City		State		Zip	
Owner of Property : _____													
Period of time the applicant wishes to engage in business within this city:													
					Hours of Operation: _____								
CHECK ONE:		<input type="checkbox"/> Proprietorship			<input type="checkbox"/> Partnership			<input type="checkbox"/> Corporation					
Type of Vendor:		<input type="checkbox"/> Open food			<input type="checkbox"/> Pre-packaged food								
Vehicle:		<input type="checkbox"/> Truck		<input type="checkbox"/> Van		<input type="checkbox"/> Step-van		<input type="checkbox"/> Trailer					
		<input type="checkbox"/> Pushcart		<input type="checkbox"/> Car		<input type="checkbox"/> Other:							
Vehicle Make _____			Model _____			Year _____		Color _____					
License Plate # _____				State _____			VIN# _____						
Home Address: _____													
			Street					City		State		Zip	
Phone No.		DL #		State		Type		Date of Birth					

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Have you ever been convicted of a felony of any nature or any other crime of moral turpitude? Yes No
 If so, the place, date, and crime of which convicted:

Will the applicant, upon any sale or order, shall demand, accept or receive payment or deposit of money in advance of final delivery? Yes No

Last five cities or towns where the applicant worked before coming to this city: _____

Specific location of where activities are to be carried out (such as sub-division names if door-to-door or name of existing business at proposed activity location):

I acknowledge and give permission for _____ to set-up and sell
 _____ on my property.

Signature of property owner _____ Date _____

Application contents:

Documentation to establish compliance with all city, state, and county food handlers regulations. Such documentation shall include the food handler permits and other permits required to be obtained from the Travis County Health District.

Proof of Texas sales and use tax permit.

FEES	
Door to Door Peddling or Solicitors:	
Per Day	\$ 5.00
Per Week	\$ 10.00
Per Month	\$ 25.00
Per Three Months	\$ 50.00
Per Six Months	\$ 75.00
Per 12 Months	\$100.00
Temporary/Mobile/Semi-Permanent food establishments	
Per Day	\$ 5.00
Per Week	\$ 10.00
Per Month	\$ 25.00
Per Three Months	\$ 50.00
Per Six Months	\$ 75.00
Per Year	\$100.00
A \$10 fee, per person, shall apply for each additional individual listed on the application.	

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Name of additional individuals conducting activities:

Name	TxDL	D.O.B.
Name	TxDL	D.O.B.
Name	TxDL	D.O.B.
Name	TxDL	D.O.B.

All of the information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that the permit applied for shall be subject to all provisions of the orders and ordinances of the municipality under which the permit is granted, and shall be subject to all provisions of the statutes and rules adopted under the statutes of the State of Texas governing food service establishments, retail food stores, mobile food units and roadside food vendors. I agree to read, understand and abide by City of Manor Ordinance 122-C and hereby acknowledge that I have received a copy of this Ordinance No. 122-C.

Signature of Applicant

Date

**THE STATE OF TEXAS
TRAVIS COUNTY
CITY OF MANOR**

BEFORE ME, The undersigned authority, on this day personally appeared _____, who has stated under oath that he/she has read the foregoing application and that all facts therein set forth are true and correct.

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____, 20_____.

NOTARY PUBLIC