



MOBILE FOOD VENDOR PERMIT APPLICATION

MOBILE FOOD VENDOR:

Truck Name: _____
Permanent Address: _____ City _____ State _____ ZIP _____
Local Address: _____ City _____ State _____ ZIP _____
Company/Business Name: _____ Contact Name: _____
Phone: _____ Email: _____

Food Handlers License Number: _____ Sales Tax ID Number: _____

Type of Mobile Unit:

(Please Circle One) Food Truck Concession Cart Concession Trailer

Year: _____ Make: _____ Model: _____ Color: _____

Signage Description: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A MINOR TRAFFIC OFFENSE IN ANY CITY/STATE/COUNTRY? EXPLAIN:

(IF THE PERMIT IS OBTAINED BY FALSE REPRESENTATION IN THE APPLICATION OR BY DECEPTIVE TRADE THE PERMIT WILL BE REVOKED.)

DO YOU HAVE UNPAID CIVIL JUDGEMENTS AGAINST YOU IN ANY STATE OR U.S. POSSESSION WHICH ARISE FROM A BUSINESS ACTIVITY WHICH WOULD HAVE BEEN COVERED BY THIS SECTION IF IN EFFECT AT THE TIME IN THE JURISDICTION WHERE SUCH JUDGEMENTS ARE OF RECORD?

CITY OF COLDSRING

*City Hall: 14211 Highway 150 West - Coldspring, Texas 77331 • Mailing: P.O. Box 247 - Coldspring, Texas 77331
Phone: 936-653-3289 • Fax: 936-653-5278 • Email: coldspringcity@gmail.com
www.cityofcoldspring.com*

I, _____, ACKNOWLEDGE THAT I AM FAMILIAR WITH THE TERMS OF THE CITY OF COLDSRING ORDINANCE NO. 2023-05 AND ITS REQUIREMENTS AND REGULATIONS AND I SWEAR THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT. I ALSO UNDERSTAND, IF I DO NOT PROVIDE ALL INFORMATION AS STATED HERIEN, I CANNOT OPERATE A MOBILE FOOD UNIT WITHIN THE CITY LIMITS OF COLDSRING.

PRINTED NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

OFFICE USE ONLY:

APPROVED: _____

PERMIT #: _____

NOT APPROVED: _____

BY: _____