



CITY OF LA MARQUE, TEXAS ITINERANT VENDOR/ FOOD TRUCK PERMIT APPLICATION

City of La Marque, Texas Sales Tax Authority Code 2084045
Permit Fee: Yearly Fee **\$200.00** 3-day Permit Fee \$50.00 6-Mth Solicitor/Peddler Fee \$ 100.00 Per Vendor

1. Applicant's Full Name: _____
2. Applicant's Mailing Address: _____
3. Phone No.: _____
4. Date of Birth: __/__/__ TX DL#: _____ SS#: ____ _
5. Present local address: _____

Attach three (2) full face photographs size no larger than 3x3 of applicant and 2 photos of Food Truck if applicable.

6. Corporation Information:

Corporation name: _____
 Address: _____
 Phone #: _____ Email: _____
 State or Country of incorporation: _____
 Name of individual in charge of La Marque office: _____
 Names of Officers/Directors? Trustees of Corporation:
 Name: _____ Title: _____
 Address: _____
 Phone #: _____
 Name: _____ Title: _____
 Address: _____
 Phone #: _____

(If a foreign corporation, please provide a certified copy of permit to do business in Texas)

NOTE: If applicant represents a person, firm or corporation from whom or through whom orders are to be solicited or cleared, then upon filing such application, the applicant shall also execute an affidavit as provided by the City Clerk, signed by such person, or in the event of a partnership, by one of the partners in the partnership, or in the event of a corporation, attesting to the application of said applicant as being true and correct and further attesting that that the said applicant is a bona fide representative of said person, partnership, or corporation.

7. Partnership Information: (complete for all partners)

Name: _____ Title: _____
 Address: _____ Phone #: _____
 Name: _____ Title: _____
 Address: _____ Phone #: _____

8. Fire Marshal Inspection:

An Inspection by the City of La Marque Fire Marshal is required. To Schedule an Inspection, Contact the Fire Department Administration Office at (409) 938-9260

Fire Marshal Inspection Fee: \$100.00 Per Food Truck or Site

Please submit permit to j.pritchett@cityoflamarque.org

9. Purpose of proposed solicitations:

Nature of Goods or Services Offered:

Method by which the above will be offered:

Location of Proposed Solicitation:

Describe methods and means by which the solicitation of funds is to be accomplished, including but not limited to, whether the applicant, upon any sale or order, shall demand, accept, or receive payment or deposit of money in advance of final deliveries. If so (amount/percentage): _____

Individuals who will be in direct charge or control of the solicitation of funds:

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Driver's License #: _____ State: _____

Name: _____ Title: _____

Address: _____

Phone #: _____ Email: _____

Driver's License #: _____ State: _____

Name: _____

Title: _____

Address: _____

Phone #: _____ Email: _____

Driver's License #: _____ State: _____

10. Permit requested for _____ days (not to exceed 21 days in a year)

Start Date: _____ End Date: _____

Please submit permit to j.pritchett@cityoflamarque.org

11. Type of vehicle used during solicitation:

Vehicle information: Year: _____ Make: _____ Model: _____ Color: _____
Vehicle Description: _____
Vehicle License Plate #: _____ State: _____ Expiration: _____
Vehicle Insurance Co.: _____ Policy #: _____

12. The name and permanent address of the organization, person or group for whom donations or proceeds are accepted:

13. **Attach** written permission from the owner of the land or building where the sales are to take place. *(form provided in application packet)*

14. **Attach a copy** of the applicant's sales and use tax permit issued by the State of Texas Comptroller's Office.

State Tax License #: _____

15. **Attach a copy** of Galveston County Health District's Temporary Food Permit.

GCHD Permit #: _____

16. Additional Employees or Agents working under this permit

Name: _____
Address: _____
Phone No.: _____
Date of Birth: ____/____/____ Driver License Number: _____ State: ____
Permanent Home Address: _____

Name: _____
Address: _____
City _____ State _____ ZIP _____
Phone No.: _____
Date of Birth: ____/____/____ Driver License Number: _____ State: ____
Permanent Home Address: _____

17. Names of the last 5 cities or towns wherein applicant has last conducted business: _____

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CITY OF LA MARQUE, TEXAS
ITINERANT VENDOR PERMIT APPLICATION
CRIMINAL HISTORY STATEMENT
FRAUDULENT OR FALSE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION
(ILLEGIBLE AND / OR INCOMPLETE APPLICATIONS WILL BE DENIED)

Applicant's Full Name: _____
 Applicant's Mailing Address: _____
 Applicant's Physical Address if Different from Mailing Address: _____
 Date of Birth: ____/____/____ TXDL#: _____ SS#: _____
 Age: _____ Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
 Employer: _____
 Address: _____ City: _____ Zip: _____
 Have you ever been convicted of any misdemeanor or felony crime of any nature, including but not limited to, and crime of moral turpitude, in this state or any other state?
 _____ YES _____ NO
 If the answer is YES, please complete the following for each offense:
 Nature of Offense: _____
 Date of Offense: _____
 Punishment or Penalty Assessed: _____
 Place of Conviction: _____
 Circumstances Surrounding Conviction: _____

The information provided herein is true and correct to the best of my knowledge, I understand and agree that I must submit to fingerprinting by the La Marque Police Department. All information provided herein is subject to verification by the La Marque Police Department and that any false or misleading information may result in denial of my request or revocation of my permit.
 I authorize the La Marque Police Department to conduct a criminal history and background investigation and authorize release of any information.
 Further, if I am granted a permit in accordance with this application, said permit will not be issued as, or represented to be, an endorsement by the City of La Marque, of me, my officers, agents or employees.
 Applicant specifically agrees to indemnify, defend and hold the City of La Marque, Texas, its officers, directors, agents, representatives and employees harmless from and against any and all claims, expenses, damages or other liabilities, including reasonable attorney's fees and court fee's, arising out of bodily injury or property damages arising out of or in connection with this event.

 SIGNATURE OF APPLICANT

 DATE

 PRINTED FULL NAME

STATE OF TEXAS §
 COUNTY OF GALVESTON §

Before me, a notary public, on this day personally appeared _____
 Known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

Given under the hand and seal of this office,
 this the ____ day of _____ 20__.

 Notary Public in and for the State of Texas

**CITY OF LA MARQUE
ITENERANT VENDER PERMIT APPLICATION
PRIVATE PROPERTY AUTHORIZATION FORM**

PROPERTY OWNER / BUSINESS NAME:

I (WE) grant the applicant permission to use my (our) property at the location listed on the following dates:

Property Address:

=====

Printed Name of Property Owner or Agent

Date

Signature (Property Owner)

Date

Property Owner Phone

Indemnification Clause

Applicant specifically agrees to indemnify, defend and hold the City of La Marque, Texas, its officers, directors, agents, representatives and employees harmless from and against any and all claims, expenses, damages or other liabilities, including reasonable attorney's fees and court fee's, arising out of bodily injury or property damages arising out of or in connection with this event.

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**CITY OF LA MARQUE
ITINERANT VENDOR PERMIT APPLICATION
CHECK LIST**

- Vendor Application
- Vendor Authorization Form for Operating on Private Property
- Copy of Driver's License / ID
- Copy of Sales Tax ID and DBA
- GCHD Certificate / Permit (non prepackaged food)
- Commissary Certificate
- 2 Full Face Photos of Applicant / Owner
- 2 Photos of Mobile Food Truck, if applicable
- Permit Applicant Criminal History Affidavit (notarized)
- All Fees paid with copies of receipts attached
- Proof of Insurance or Bond Attached
- City of La Marque Fire Marshal Inspection Attached
- COVID-19 Health & Safety Plan as required by the attached City Order if applicable at time of event

**ALL ITEMS MUST BE INCLUDED WHEN RETURNING THIS
APPLICATION, NO EXCEPTIONS.**

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***** LAW ENFORCEMENT USE ONLY *****

La Marque Police Department Investigation Completed by:

Date Investigation Completed:

PERMIT APPROVED: _____ PERMIT DENIED: _____

Investigating Officer Signature: _____

City Manager Approved: _____ Date: _____

All required documents and information completed: _____ Date: _____

Permit Number Issued: _____

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