



# MOBILE FOOD UNITS/VENDORS APPLICATION

City of Lindale  
105 Ballard Dr.  
Lindale, TX 75771  
Phone: 903-882-6861 Fax: 903-881-8170  
Email: [communitydevelopment@lindaletx.gov](mailto:communitydevelopment@lindaletx.gov)

Type of Permit:  New  Renewal

License Permit # \_\_\_\_\_

Permit Fee:  Weekly \$100.00  Quarterly \$300.00

Application Date: \_\_\_\_\_

An application submitted without these documents **will not** be considered and a permit **will not** be issued. Application must be filled out completely and returned with all required copies of the following documents listed below:

- Northeast Texas Public Health District: 903-535-0030, 815 N. Broadway Ave., Tyler Texas 75702, or website <https://www.mynethealth.org/> - - Annual Food Establishment Permit
- Texas Comptroller of Public Accounts: 903-534-0333, 3800 Paluxy Dr., Tyler Texas 75703, or website <https://comptroller.texas.gov/> - - Texas Sales and Use Tax Permit -If you will be collecting Sales Tax
- Driver's License or other photo identification of the applicant.
- Proof of motor vehicle liability insurance with minimum coverage required by state law and/ or MFV unit insurance.
- Proof of general liability insurance with a minimum coverage of \$500,000, unless the application is related to an event coordinator, who has provided proof of liability insurance with minimum coverage of the \$500,000 covering the event.
- A written agreement with the property owner where Vendor is to be located authorizing the use of the property including the restroom facilities be available for use to the public at all times during the mobile food unit is operating.
- A Vendor shall not operate a Mobile Food Unit within 200 feet of a restaurant without the written consent of the owner of the restaurant.
- Site plan(s) of location of truck/booth along with any parking

An application submitted without these documents **will not** be considered and a permit **will not** be issued. Application for a permit does not guarantee that a permit will be granted.

## Vendor Information:

Business Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell # \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

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

Unit Type:  Motor Vehicle  Pushcart  Trailer  Kiosk  Other: \_\_\_\_\_

## VENDOR RESPONSIBLE FOR CONCESSION OPERATIONS

Booth/Concession Name \_\_\_\_\_

Name of Applicant \_\_\_\_\_ DL# \_\_\_\_\_ (A copy must be provided)

OPERATING AT SINGLE SITE     MULTIPLE SITES     DRIVING ROUTE

If operating at multiple sites or if you have a driving route, complete the operating schedule attached. **Single Site**, fill in box directly below.

<b>Business Name of Proposed Location of Operation:</b> _____
<b>Days and Hours, you will be Operating:</b> _____

**FOOD TO BE PRODUCED** (Only listed food and drinks will be allowed)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe in Detail, Method of Service & Production:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information:** An applicant must complete and sign an application for Vendor's Permit. The application shall enquire whether the applicant has ever: had an application **Denied**  Yes  No ; had permit **Revoked**  Yes  No ; or **Failed** a Health Inspection  Yes  No; **If your answer is yes, explain reason:** \_\_\_\_\_

\_\_\_\_\_

All information provided on this application is true and correct to the applicant knowledge and belief. Applicant acknowledges that the permit applied for shall be subject to all provisions of the codes and statutes and all rules adopted under the codes and statutes of the State of Texas governing food service operations. Applicant attests to having read associated information in this application which details responsibilities and requirements for the concession operation and agrees to comply with requirements acknowledging that failure to comply may result in immediate cessation of operations. By signing this application, the above listed applicant authorizes the City of Lindale to perform a background investigation.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Building Official: \_\_\_\_\_ Date \_\_\_\_\_  Approved:

Denied \_\_\_\_\_



# OPERATING SCHEDULE

This form shall be used to identify multiple site locations or a driving route. Provide driving route on back. You may also use your own form.

## Mobile Food Vendor Information

Name of Business: \_\_\_\_\_

Operator: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Location 1

Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Business hours of operation: \_\_\_\_\_

Days and hours you will be operating \_\_\_\_\_

### Location 2

Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Business hours of operation: \_\_\_\_\_

Days and hours you will be operating \_\_\_\_\_

### Location 4

Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Business hours of operation: \_\_\_\_\_

Days and hours you will be operating \_\_\_\_\_

### Location 3

Name of Business: \_\_\_\_\_ Address: \_\_\_\_\_

Business hours of operation: \_\_\_\_\_

Days and hours you will be operating \_\_\_\_\_

For driving route, please list below the location and approximate day and times you will be visiting these sites.

Mobile Vendor: \_\_\_\_\_

Stop #	Day(s)	Time	Address/Location of Each Stop
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			