



**CITY OF SAN ANTONIO
DEPARTMENT OF DOWNTOWN OPERATIONS
APPLICATION FOR PRIVATELY CONTROLLED PROPERTY VENDING PROGRAM**

City of San Antonio
PO Box 839966
San Antonio, TX 78283-3966
P: (210) 207-3677
F: (210) 207-4276

PERMIT NUMBER

FIRST APPROVED SITE
FEE: \$750.00

ADDITIONAL APPROVED SITE
FEE: \$100.00

PLEASE PRINT

VENDOR'S NAME:	
HOME ADDRESS:	CITY/STATE/ZIP CODE:
HOME TELEPHONE NUMBER:	ALTERNATE TELEPHONE NUMBER:
VENDOR'S BUSINESS NAME:	TYPE OF BUSINESS:
STATE OF TEXAS TAX PERMIT #:	E-MAIL ADDRESS:

If applicant is an associate, business partner of a vendor, or part of a group applying for a space, please complete the following information.

APPLICANT'S NAME:	
HOME ADDRESS:	CITY/STATE/ZIP CODE:
HOME TELEPHONE NUMBER:	ALTERNATE TELEPHONE NUMBER:

VENDOR'S SIGNATURE _____	DATE _____
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READ BEFORE SIGNING

I have received a copy of and agree to comply with the Policies and Procedures for the **Privately Controlled Property Vending** Program. I have submitted a request for a local, state and federal background check with the San Antonio Police Department and am certifying that I have not been convicted of any criminal violations, including convictions, deferred adjudications and/or probation for any felony offense, any sexual offense including misdemeanors, offenses to a child including misdemeanors, any offense requiring registration as a sexual offender or any offense for theft including misdemeanors, assault or perjury. I agree that failure to comply any of the aforementioned requirements will result in denial of my vending application. I agree to indemnify and hold harmless the city against all liability arising out of my activities under this permit. **I AGREE THAT SUCH INDEMNITY SHALL APPLY EVEN WHERE SUCH LIABILITY ARISES IN ANY PART FROM THE NEGLIGENCE OF CITY, BUT SHALL NOT APPLY IN CASES OF CITY'S SOLE ACTIVE NEGLIGENCE.**

I hereby certify that all information by furnished in this application is true and correct to the best of my knowledge and is submitted for the purpose of applying to the Department of Downtown Operations for the approved vending license/permit.

APPLICANT'S SIGNATURE _____ **DATE** _____

TO BE COMPLETED BY DEPARTMENT OF DOWNTOWN OPERATIONS

<input type="checkbox"/> APPROVED	<input type="checkbox"/> DECLINED	_____	_____
		CITY OF SAN ANTONIO REPRESENTATIVE	DATE

TREASURY USE ONLY

MATERIAL #: 9000154	IO#: 219000000000	LICENSE VALID	
CUSTOMER#:	G/L#: 4407219	FROM :	TO:

**If applicant is an associate or business partner of a vendor applying for a space, this section does not need to be completed.
Products to be Sold-(Please attach additional pages as required, including photos of products.)**

Product Name: _____

Description: _____

Manufacturer's Name: _____

Manufacturer's Address: _____

City: _____ State/Zip: _____ Country: _____

Product Name: _____

Description: _____

Manufacturer's Name: _____

Manufacturer's Address: _____

City: _____ State/Zip: _____ Country: _____

Product Name: _____

Description: _____

Manufacturer's Name: _____

Manufacturer's Address: _____

City: _____ State/Zip: _____ Country: _____

Product Name: _____

Description: _____

Manufacturer's Name: _____

Manufacturer's Address: _____

City: _____ State/Zip: _____ Country: _____

Product Name: _____

Description: _____

Manufacturer's Name: _____

Manufacturer's Address: _____

City: _____ State/Zip: _____ Country: _____

Product Name: _____

Description: _____

Manufacturer's Name: _____

Manufacturer's Address: _____

City: _____ State/Zip: _____ Country: _____

Product Name: _____

Description: _____

Manufacturer's Name: _____

Manufacturer's Address: _____

City: _____ State/Zip: _____ Country: _____