CITY OF SAN ANTONIO
DEPARTMENT OF DOWNTOWN OPERATIONS
APPLICATION FOR DOWNTOWN MOBILE FOOD VENDING

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

LICENSE CODE NUMBER

☐ **PRIMARY VENDOR** **FEE: $400.00**

☐ **ASSOCIATE VENDOR** **FEE: $25.00**

ORDINANCE NO. 2009-09-0731

PLEASE PRINT

PRIMARY VENDOR'S NAME:	
HOME ADDRESS:	**CITY/STATE/ZIP CODE:**
HOME TELEPHONE NUMBER:	**ALTERNATE TELEPHONE NUMBER:**
VENDOR'S BUSINESS NAME:	**E-MAIL ADDRESS:**
DESCRIBE THE TYPE OF SPECIFIC ITEM (S) TO BE VENDED (ATTACH LIST IF NECESSARY):	
STATE OF TEXAS TAX PERMIT #:	**FOOD PERMIT #:**
VENDING PERMIT YOU ARE REQUESTING: ☐ **ALAMO PLAZA** ☐ **DOWNTOWN MOBILE FOOD**	
IF DOWNTOWN MOBILE FOOD VENDOR, DESCRIBE THE VENDING LOCATION YOU ARE REQUESTING, IF IN ALAMO PLAZA, DESCRIBE THE OFF-SITE VENDING LOCATION YOU ARE REQUESTING:	

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

ASSOCIATE VENDOR'S NAME:	
HOME ADDRESS:	**CITY/STATE/ZIP CODE:**
HOME TELEPHONE NUMBER:	**ALTERNATE TELEPHONE NUMBER:**
PLEASE INDICATE NAME (S) OF VENDOR WHO YOU WOULD BE WORKING FOR:	

READ BEFORE SIGNING

I have received a copy of and agree to comply with the Policies and Procedures for the **Downtown Mobile Food 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, assau 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

☐ **APPROVED** ☐ **DECLINED** _____ _____

CITY OF SAN ANTONIO REPRESENTATIVE **DATE**

MATERIAL #: 9001180	**IO#: 219000000000**	**LICENSE VALID**	
CUSTOMER#:	**G/L#: 4407217**	**FROM :**	**TO:**