



## **Vendor Permit Application**

Application must be submitted no later than 10 calendar days prior to the requested date to be considered for review. Application Submittal does not guarantee permit approval. Incomplete application(s) will not be accepted.

To submit your application please email [events@ci.montgomery.tx.us](mailto:events@ci.montgomery.tx.us)

### **Applicant Information**

Applicant Name:

Company Name:

Address:

Phone Number:

Email Address:

DBA Name:

Sales Tax ID number:

### **Type of Permit**

**Please check one type of vendor that best describes you.**

- ☐ Hawker
- ☐ Peddler
- ☐ Solicitor

- ☐ Transient dealer
- ☐ Mobile food unit

**Please check the box below for the length of the permit you wish to obtain.**

☐ 1 Week: \$25 [*ONLY mobile food units*]

☐ 1 Month = \$100

☐ 6 Months = \$600

### **Criminal Background**

**Please check the boxes below that apply to you.**

- ☐ No, I have not had a permit issued pursuant to this division revoked in the previous one-year period.
- ☐ No, I have no convictions/or civil judgments arising from any state or federal court within the last 10 years.
- ☐ Yes, I have convictions/or civil judgments arising from any state or federal court within the last 10 years.  
[If yes, submit a letter explaining.]

## Requirements

All the below must be submitted for your application to be considered for review.

- \_\_\_\_\_ Completed Application. *Incomplete applications will not be accepted.*
- \_\_\_\_\_ Valid form of ID/DL or Passport
- \_\_\_\_\_ Letter providing hours of operation, merchandise to be sold, proposed location and any additional information.
- \_\_\_\_\_ Proof of property ownership or letter from property owner authorizing use of the property (with contact information).
- \_\_\_\_\_ Provide a separate letter explaining how electricity and water will be provided.
- \_\_\_\_\_ Provide a separate letter explaining how bathrooms will be provided for the workers and customers.
- \_\_\_\_\_ Provide a separate letter explaining how trash is going to be services.

## Additional Requirements for Mobile Food Units Only

All the below must be submitted for your application to be considered for review.

- \_\_\_\_\_ Liability insurance covering mobile food vending units.
- \_\_\_\_\_ Provide sales tax number on application.
- \_\_\_\_\_ Montgomery County Health Department Food Service Permit
- \_\_\_\_\_ Detailed sketch plan of event components within 100 ft from proposed location.
- \_\_\_\_\_ Detailed letter on how electricity will be obtained, restroom use letter and disposal of waste.
- \_\_\_\_\_ Detailed Photo of vehicle/trailer/cart used to include license plate and VIN number.
- \_\_\_\_\_ For any proposed signage and lighting, provide an illustration.

**I, the undersigned, hereby confirm that the information stated above is true and correct to the best of my knowledge and will abide by the requirements provided in the City of Montgomery Vendor Ordinances Chapter 64.**

[https://library.municode.com/tx/montgomery/codes/code\\_of\\_ordinances?nodeId=COOR\\_CH64PESOVE](https://library.municode.com/tx/montgomery/codes/code_of_ordinances?nodeId=COOR_CH64PESOVE)

Printed name of Applicant: \_\_\_\_\_

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

## FOR OFFICE USE ONLY

**Submittal Received:** City Staff: \_\_\_\_\_ Date: \_\_\_\_\_

**Application Review:** City Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Approved** ☐ **Rejected** \_\_\_\_\_

**Application Review:** City Secretary: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Approved** ☐ **Rejected** \_\_\_\_\_

**Location/Property Review:** Chief of Police: \_\_\_\_\_ Date: \_\_\_\_\_

☐ **Approved** ☐ **Rejected** \_\_\_\_\_