City of Alvarado
104 W. College St.
Alvarado, TX 76009
Phone 817-790-3351
Fax 817-783-7925

Mobile Food Vendor Permit Application

Permit # _____

BUSINESS NAME: _____

Mailing Address: _____

☐ New ☐ Renewal ☐ Change of Owner ☐ Change of Name Previous Name: _____

OWNER'S NAME: _____

Mailing Address: _____

E-mail Address: _____

Driver's License # _____ Expiration Date: _____

TYPE OF MOBILE FOOD UNIT:

☐ Truck - Hot/Cold ☐ Ice Cream ☐ Push Cart / Stationary Cart

☐ Catering ☐ Trailer

Vehicle VIN: _____ Make: _____ Model: _____

Vehicle Registration: State: _____ License Plate: _____ Expiration Date: _____

Vehicle Insurance Company: _____ Expiration Date: _____

TYPE OF FOOD: _____

CERTIFIED FOOD MANAGERS:

Name: _____ Certificate Expiration Date: _____

Name: _____ Certificate Expiration Date: _____

I have carefully read the completed application and know the same is true and correct and hereby agree that if a permit is issued, all provisions of the City Ordinances and State Laws will be complied with, whether herein specified or not. I agree to comply with all property restrictions. I am the owner of the above establishment or authorized employee. Permission is hereby granted to enter premises and make all inspections.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY

Permit Fee: _____ Receipt #: _____

Check # or Cash: _____ Received by: _____