



# City of Big Sandy

PO Box 986 ~ Big Sandy, Texas 75755

903.636.4343 ~ 903.636.4413 fax

cityofbigandy@yahoo.com

## FOOD PERMIT APPLICATION - Fixed Location

### SECTION I: PLEASE PRINT

Last Name:		Middle Initial:	First Name:	Date of Birth:
Home Address (physical):			Apt. Number:	Telephone Number:
City/State:	Zip Code:	Alternate Phone Number:		Social Security Number:
Driver's License Number/State: <i>A valid driver's license or State approved identification card number with photograph is required.</i>				

### SECTION II:

Business Name:		Type of Business: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association	
Business Address:	Business Phone:	Sales Tax ID #: <b>Attach copy of Sales Tax Permit</b>	
Product(s) or Service(s) you will be soliciting (attach separate page if needed):			
Estimated Solicitation Period: (provide beginning and ending dates)	Will payments be collected in advance of delivery of product or service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, attach surety bond in the amount of \$5,000.00 from a bonding agency licensed to do business in the State of Texas.</i>		

### SECTION III:

If solicitors fifteen (15) years of age or under are to be used, list the name, address, telephone and Social Security Number of the individuals who will supervise and be responsible for their activities:	
Are you going to conduct home solicitation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the names of other cities in the State of Texas which you have conducted home solicitations within the last six (6) months:	
Please provide names, address and telephone numbers of two people as references, excluding relatives and people living with the applicant:	
Have you been convicted of a felony or any crime involving moral turpitude within the last five (5) years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, location, charge and disposition:	

**NOTE: If a person applying for a Food Vendor Permit intends to contract with, employ or otherwise retain individuals to engage in solicitations, the person must identify all such individuals, along with their addresses and telephone numbers and obtain an individual permit for each individual.**



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<p><i>Office use only</i></p> <p>PERMIT #: _____</p> <p><input type="checkbox"/> Updated Contractor/Vendor's List</p> <p><input type="checkbox"/> Email Financial Dept. Information</p>	<p><b>FEES:</b></p> <p style="text-align: right;"><b>APPLICATION FEE:</b> \$ 5.00</p> <p style="text-align: right;"><i>plus</i> PERMIT FEE: \$10.00/MONTH X _____ =</p> <p style="text-align: right;">\$ _____ <b>TOTAL:</b> \$ _____</p>
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**A Food Vendor must provide the following with this application:**

- A copy of Food Manager's Training certificate;
- A copy of permit issued by the Texas Department of State Health Services for the food unit;
- A list of foods and beverages to be served on the menu, stating the source of the item and when and where it will be prepared;
- A copy of state sale tax certificate; and
- A copy of driver's license or other state approved identification.

**AFFIRMATION:** I hereby certify that I have carefully read the application and that all the information contained therein is true and correct upon penalty of perjury. I understand that any false statement made by me on this application could cause the City to revoke the permit. I understand that I am required to abide by all rules and regulations of the City of Big Sandy's Solicitation Ordinance. Further, I authorize the City of Big Sandy to investigate and verify the facts claimed by me on this application.

**AUTHORIZATION:** This application must be signed by the applicant if the person is an individual; if the person applying is a partnership, by a general partner; if the person applying is a corporation, by an officer.

\_\_\_\_\_  
**APPLICANT SIGNATURE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**CITY APPROVAL**

\_\_\_\_\_  
**DATE**