

**FOOD SERVICE PERMIT APPLICATION**

Date of Application: \_\_\_\_\_

Name of Applicant/Organization: \_\_\_\_\_

Property Owner/Tenant: \_\_\_\_\_

Occurrence Address: \_\_\_\_\_

Subdivision (if applicable): \_\_\_\_\_

Person Responsible for Occurrence: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Occurrence to Begin on: \_\_\_\_\_  
(Date and time)

Occurrence to End on: \_\_\_\_\_  
(Date and time)

**Copy of Sales Tax Permit or Sales Tax Exemption Certificate.**

The undersigned applicant requests issuance of a permit in accordance with City of Los Fresnos Ordinance No. 419 authorizing Food Service sales. In addition, the applicant agrees to the following restrictions regarding Food Service sales:

- **CANCELLATION** - If a SALE is canceled for any reason the City must receive written notice of said cancellation prior to the beginning of the "OCCURRENCE". Failure to properly notify the City shall constitute an "OCCURRENCE" pursuant to City of Los Fresnos Ordinance No. 419
- All State and Local Health Regulations must be followed.
- **FEE** - \$50.00 for permanent food vendor and payable upon submission of application.  
\$10.00 for temporary food vendor and payable upon submission of application.  
Charitable entities are exempt from this fee.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PROPERTY OWNER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
Authorized City Representative

REASON FOR DENIAL: \_\_\_\_\_