

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: _____

Temporary Vendor (ONLY)

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 Chapter 10- Businesses, Article II- Food Service Establishments 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 Chapter 10- Businesses, Article II- Food Service Establishments
- 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: _____