



CITY OF SAN ANTONIO
Center City Development and Operations
400 N St. Mary's St, Suite 100
San Antonio, TX 78205
Phone: 210.207.3677
Email: vending@sanantonio.gov

CENTER CITY
DEVELOPMENT & OPERATIONS

ORDINANCE NO. 2009-09-0731

APPLICATION FOR DOWNTOWN MOBILE FOOD VENDING

PRIMARY VENDOR

Fee: \$400.00

LICENSE CODE NUMBER**ASSOCIATE VENDOR**

Fee: \$25.00

VENDOR INFORMATION			
PRIMARY VENDOR NAME:		EMAIL:	
PHONE:		ADDRESS:	
ALT PHONE:			
BUSINESS NAME:			
Describe the type of specific item(s) to be vended (attach list if necessary): 			
STATE OF TX TAX PERMIT #:		FOOD PERMIT #:	
REQUESTED PERMIT:	(if other, please describe below): 		
If applicant is an associate or business partner of a vendor, or part of a group applying for a space, please provide the following information:			
ASSOCIATE VENDOR NAME:		EMAIL:	
PHONE:		ADDRESS:	
ALT PHONE:			
NAME(S) OF PRIMARY VENDOR:			
READ BEFORE SIGNING			
I have received a copy of and agree to comply with the Policies and Procedures for the Downtown Mobile Food Vending Program . I have submitted a request for a local, state and federal background check with the San Antonio Police Department and am certifying that I have not been convicted of any criminal violations, including convictions, deferred adjudications and/or probation for any felony offense, any sexual offense including misdemeanors, offenses to a child including misdemeanors, any offense requiring registration as a sexual offender or any offense for theft including misdemeanors, assault or perjury. I agree that failure to comply any of the aforementioned requirements will result in denial of my vending application. I agree to indemnify and hold harmless the city against all liability arising out of my activities under this permit. I AGREE THAT SUCH INDEMNITY SHALL APPLY EVEN WHERE SUCH LIABILITY ARISES IN ANY PART FROM THE NEGLIGENCE OF CITY, BUT SHALL NOT APPLY IN CASES OF CITY'S SOLE ACTIVE NEGLIGENCE.			
I hereby certify that all information by furnished in this application is true and correct to the best of my knowledge and is submitted for the purpose of applying to the Center City Development & Operations for the approved vending license/permit.			
APPLICANT SIGNATURE: _____		DATE: _____	
* please insert an electronic signature if possible, otherwise type your full name into the box. Either will be treated the same as a wet signature. *			
TO BE COMPLETED BY CCDO			
<input type="checkbox"/>	APPROVED	<input type="checkbox"/>	DECLINED
CITY REPRESENTATIVE: _____		DATE: _____	
MATERIAL #:		IO #:	
CUSTOMER #:		G/L #:	
LICENSE VALID			
FROM:		TO:	