



**CITY OF SAN ANTONIO  
CENTER CITY DEVELOPMENT & OPERATIONS DEPARTMENT  
2025-2026 APPLICATION FOR DOWNTOWN MOBILE FOOD TRUCK VENDING PROGRAM**

City of San Antonio  
PO Box 839966  
San Antonio, TX 78283-3966  
P: (210) 207-3677  
F: (210) 207-4276



**LICENSE CODE NUMBER**

☐ **PRIMARY VENDOR**  
FEE: \$100.00

**ORDINANCE NO. 2008-05-15-0402**

**PLEASE PRINT**

<b>PRIMARY VENDOR'S NAME:</b>	
<b>HOME ADDRESS:</b>	<b>CITY/STATE/ZIP CODE:</b>
<b>HOME TELEPHONE NUMBER:</b>	<b>ALTERNATE TELEPHONE NUMBER:</b>
<b>VENDOR'S BUSINESS NAME:</b>	<b>E-MAIL ADDRESS:</b>
<b>STATE OF TEXAS TAX PERMIT #:</b>	<b>HEALTH PERMIT #:</b>
<b>TYPE OF FOOD SOLD FROM FOOD TRUCK:</b>	

**READ BEFORE SIGNING**

I have received a copy of and agree to comply with the Policies and Procedures for the **Downtown Mobile Food Truck Vending** Program. 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 agree to participate at the location and times The City of San Antonio has approved for me.

**ONLY** Mobile Kitchen On Wheels as defined by City Code shall be permitted to participate in the pilot program.

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 Center City Development for the approved vending license/permit.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**TO BE COMPLETED BY DEPARTMENT SAFF**

<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DECLINED</b>		_____ CITY OF SAN ANTONIO REPRESENTATIVE		_____ DATE
<b>MATERIAL #: 9001180</b>	<b>IO#: 219000000128</b>	<b>LICENSE VALID :    START: 10/01/2025    END: 09/30/2026</b>		
<b>CUSTOMER#:</b>	<b>G/L#: 4401180</b>			