

## **Mobile Food Vendor Application**

| Mobile Food Vendor Category    | Length of Permit     |                      |
|--------------------------------|----------------------|----------------------|
| Mobile Food Court              | 6 month - \$400.00   | 1 year - \$600.00    |
| Existing Site with Primary Use | 6 month - \$1,300.00 | 1 year - \$2,400.00  |
| Temporary Mobile Vendor        | 3-day - \$350.00     | 3-month - \$1,200.00 |

\*Length and fee corresponds to each category.

| Type of Vendor Unit            |  |  |
|--------------------------------|--|--|
| Mobile Food Truck              |  |  |
| Mobile Food Concession Trailer |  |  |
| Mobile Food/Concession Cart    |  |  |

<sup>\*\*</sup>See associated checklist to ensure a complete submittal.

| Applicant Information                   |   |
|---|---|
| Name:                                   | Role (owner, manager, etc):   |
| Mailing Address:                        |   |
| Valid Government-issued ID #:           |   |
| Phone number:                           | Email:  |
| ,                                       | ation, or partnership? If yes, provide names and addresses of partners: |
| Mobile Food Business Information        |   |
| Name/Entity/Trustee:                    |   |
| Legal Name (DBA):                       |   |
|   |   |
| Business Address:                       |   |
| Business Phone Number:                  | Business E-mail Address:  |
| Name of owner, if not same as applicant | : <u> </u>  |
| Owner Phone Number:                     | Owner E-mail Address  |
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## **Mobile Food Vendor Application**

| Mobile Food Unit Info    | rmation  |
|--------------------------|--|
| Make and Model of all    | Vehicles/Units:  |
| Model Year:              | License & Registration #:  |
| Vehicle Identification # | (Each Vehicle):  |
|                          | that the facts stated herein and exhibits attached hereto are true, correct, and complete uthorizes the City of Bastrop and its agents to visit and inspect the property for which this omitted. |
| Signature and Title      | Date   |
|                          |  |
| Staff Use Only           |  |
| Claim Coo Ciniy          |  |
| ☐ Received By:           | Date:  |
| Fees Paid \$             |  |
| Comments:                |  |
| Administratively Com     | plete Date:  |