



# City of Clear Lake Shores

1006 South Shore Drive Clear Lake Shores, Texas 77565

Phone: 281-334-2799 Fax: 281-334-2866

www.clearlakeshores-tx.gov

## MOBILE FOOD VENDOR PERMIT APPLICATION

PERMIT #: \_\_\_\_\_  
(OFFICE USE ONLY)

Business Name: \_\_\_\_\_ Vehicle Make/Model: \_\_\_\_\_

Sales Tax #: \_\_\_\_\_ Vehicle #: \_\_\_\_\_

License Plate #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

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

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

Description of plans to operate MFU (Mobile Food Unit) ex. Prepackaged food, hours of operation, methods of serving, waste water and grease disposal site and process, etc.:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address of operation: \_\_\_\_\_

Property Owner: \_\_\_\_\_

- Galveston County Health District Permit (provide copy)
- Fire Marshal inspection
- Building Department inspection
- Vehicle insurance and General Liability insurance (provide copy)
- Signed correspondence form from property owner
- Written consent for restroom facilities
- Signed correspondence form from all abutting residences
- Permit fee: \$200.00 or Renewal fee: \$150.00/expires December 31<sup>st</sup> of year issued

I hereby certify that I have read and examined this application and know the same to be true and correct. All provisions of laws governing this type of business will be complied with whether specified herein or not. The granting of a permit does not presume to give authority to violate or cancel the provisions of any other state or local laws. Copies of all relating local ordinances may be acquired from the City.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Building Department

\_\_\_\_\_  
Date