



**APPLICATION FOR  
E.K. ATWOOD / BEACH ACCESS 5  
MOBILE FOOD VENDOR**

TO BE COMPLETED BY COUNTY OFFICIAL

Authorized Location \_\_\_\_\_

Date Permit Issued \_\_\_\_\_ Permit Number \_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

Health Permit Number \_\_\_\_\_

TO BE COMPLETED BY APPLICANT

**1. Name of applicant** \_\_\_\_\_

D.B.A. \_\_\_\_\_

Are you doing business as a:

\_\_\_\_\_ Sole Proprietor? If so, attach certified copy of Assumed Name and Certificate from County Clerk's office.

\_\_\_\_\_ Partnership? If formal partnership, attach certified copy of partnership agreement form Secretary of State. If informal Partnership, attach copy of Assumed Name Certificate.

\_\_\_\_\_ Corporation?

**2. What is your business address?** \_\_\_\_\_

Home Office \_\_\_\_\_ Phone (Business) \_\_\_\_\_

Local Office \_\_\_\_\_ Phone (Local) \_\_\_\_\_

**3. EMAIL Address (required)** \_\_\_\_\_

**4. List your employees below who will be involved in the vending operation. Attach the list if necessary.**

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ I.D. Card No. Issued \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ I.D. Card No. Issued \_\_\_\_\_

3) Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ I.D. Card No. Issued \_\_\_\_\_

**5. Please prioritize your desired location and cuisine type by number. (See attached map for space locations)**

If a vendor is interested in vending only one particular type of cuisine, then the vendor should only number the one space that pertains to that cuisine. If a vendor is interested in multiple spaces/cuisines, then the vendor will number them 1 thru 4, with one being the highest priority for them. Each space has listed underneath it the type of cuisine designated for that particular space.

E.K. Atwood Park Pavilion      Space 1 \_\_\_\_\_      Space 2 \_\_\_\_\_      Space 3 \_\_\_\_\_      Space 4 \_\_\_\_\_  
Designated Cuisine Types:      (International)      (American)      (Seafood)      (Desserts)

**6. Please provide a proposed menu/product list and associated prices:**

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**7. Will a vehicle be used in the operation of the business (vending or supply)? If so, please state the following information and proof of current registration:**

Make	Year/Model	License Number
Make	Year/Model	License Number

**8. What type of vending unit will be utilized in the operation of the business?**

Type: \_\_\_\_\_

Description of vending unit: \_\_\_\_\_

Attach a photo      Approved by (County Representative) \_\_\_\_\_

Specifications: \_\_\_\_\_

**9. The following items will need to be attached to your application when submitted.**

- \_\_\_\_\_ Certified Copy of Assumed Name Certificate (D.B.A.)
- \_\_\_\_\_ Copy of State Sales Tax Certificate.
- \_\_\_\_\_ Copy of Business Liability & Auto Insurance naming the County of Cameron as an additional insured.
- \_\_\_\_\_ Copy of Cameron County Health Permit.

**10. Food Truck Permit Fees & Policies. (See Attached Policies for further details)**

- \$350.00 – Monthly fee per parking space (\$4,200.00 annually)
- \$350.00 – Refundable security deposit (due at contract signing)

- Vendor will be required to remove Food Truck/Trailer from premises on a daily.
- Vendor is required to execute a one (1) year agreement for each space occupied.

**11. Local Establishment Support (LES)**

Name of LES: \_\_\_\_\_

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

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

Comments: \_\_\_\_\_

Contact Person: \_\_\_\_\_

LES Owner(s) Signature: \_\_\_\_\_

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

Email: \_\_\_\_\_

**12. Every vendor (and its employees) will be subjected to a background check. Do you have a problem with a background check?**

YES \_\_\_ NO \_\_\_ If No, please provide the following information:

	<u>Applicant/Employee Name</u>	<u>Social Security Number</u>	<u>Texas Driver's License or ID</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

**AGREEMENT**

I, the undersigned applicant, do hereby certify that I am an authorized agent to act in behalf of said business; that all information contained herein is true and correct; and hereby agree to comply with all provisions and policies of the Cameron County Parks Department and Cameron County Health Department, and all applicable State and Federal regulations. I further understand that every individual who conducts business for the applicant is the applicant's representative, whether acting as employee, agent, independent contractor, franchise or otherwise, and that the applicant is responsible for compliance with all applicable provisions of the County's Code of Ordinances by our representatives.

**SIGNATURE**

\_\_\_\_\_  
Name of Applicant (Printed)

\_\_\_\_\_  
Applicant's Signature