



City of West

110 N. Reagan St. • P.O. Box 97, West, TX 76691
Phone (254) 826-5351 Email: clerk@cityofwest.com
website: www.cityofwest.com

MOBILE FOOD AND ROADSIDE VENDOR PERMIT APPLICATION

Mobile Vending Unit Name: _____

Type(s) of Food: _____

Unit Type: Motor Vehicle Pushcart Trailer Kiosk Other: _____

Make: _____ Model: _____ Year: _____ Color: _____

License Plate: _____ State: _____ VIN: _____

Mailing Address: _____

Business Owner Name: _____ Phone Number: _____

Gov. Issued ID: _____ Sales Tax ID: _____

****Please Attach a Clear Copy of a Valid Government Issued Photo ID of ALL operators****

Applicant Signature

Print Name:

Date

I acknowledge that all information supplied above is true and correct to the best of my knowledge and belief. I further acknowledge that the permit, for which I am applying, is subject to all provisions of the orders and ordinances of the City of West, and all of the provisions of the codes, statutes and rules adopted under the codes and statutes of the State of Texas governing food establishments.

Fees: \$250.00 Per Unit # of Units: Total:

Office Use ONLY: CASH CHECK #: MONEY ORDER#: