



APPLICATION FOR PARK & BEACH VENDOR PERMIT

DATE RECEIVED: \_\_\_\_\_

BY STAFF: \_\_\_\_\_

TO BE COMPLETED BY CITY OFFICIAL

Authorized Location \_\_\_\_\_ Season March – September

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

For Period \_\_\_\_\_ To \_\_\_\_\_ Receipt Number \_\_\_\_\_

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 from Secretary of State. If informal partnership, attach certified copy of Assumed Name Certificate.

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

\_\_\_\_\_ Foreign/authorized to conduct business in Texas? If so, you must attach certified copy of authority.

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 \_\_\_\_\_

5. Type of permit requested

\_\_\_\_\_ Fixed \_\_\_\_\_ Push Cart (mobile North Beach Only)

6. Please check locations

Cole Park: \_\_\_ at Kid’s Place (maximum overall length 21 feet) \_\_\_ at Skate Park

Other CC Park: \_\_\_\_\_ (Approval from Parks & Recreation Director required)

**Gulf Beach:** Beach Markers (BM)

\_\_\_ 84 \_\_\_206 \_\_\_207 \_\_\_211 \_\_\_215 \_\_\_215.5  
\_\_\_216 \_\_\_216.5 \_\_\_223.5

All Gulf Beach locations are waterside.

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


8. 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
Make	Year/Model	License Number

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

Type:

Description of vending unit:

Attach a photo. Approved by (City Representative) \_\_\_\_\_

Specifications (overall length of trailer, including hitch, attached generator, etc.):

**10. If selected, the following items will need to be turned in within 1 week.**

- \_\_\_\_\_ Certified copy of Assumed Name Certificate (D.B.A.)
- \_\_\_\_\_ Copy of State Sales Tax Certificate
- \_\_\_\_\_ Copy of Business Liability & AUTO Insurance naming the City of Corpus Christi as an additional insured.
- \_\_\_\_\_ Copy of Nueces County Health Permit, if applicable.

11. Required fees attached. (See attached fee schedule.)

12. Every vendor (and its employees) will be subjected to a background check. Do you have a problem with a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

**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 of Chapter 10, Beachfront Management and Construction, and Chapter 38, Peddlers, Vendors, Itinerant Merchants, and Solicitors, of the City of Corpus Christi Code of Ordinances, 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 City's Code of Ordinances by our representatives.

**SIGNATURE**

Name of Applicant (Printed)	Applicant's Signature
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