



P.O. Drawer 400 2665 San Angelo
Ingleside, TX 78362
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MOBILE FOOD VENDING CONTRACTOR REGISTRATION

Contractor Registration Fee (\$100)

Contractor Code: _____

NAME: _____
(First Name) (Middle) (Last Name)

ADDRESS: _____
(Mailing Address) (City/State/Zip)

DRIVERS LICENSE #: _____ EMAIL ADDRESS: _____
(State) (Number)

DATE OF BIRTH: ____ / ____ / ____ CELL PHONE #: (____) ____
(Month) (Day) (Year) (Area Code) (Number)

BUSINESS NAME: _____ BUSINESS PHONE #: (____) ____
(Your Business or Employer) (Area Code) (Number)

BUSINESS ADDRESS: _____
(Mailing Address) (City/State/Zip)

You will need to furnish a copy of the following items to the Building Department in order for your registration to be completed:

- ____ Valid legal registration of food truck or trailer
- ____ Proof of food Vendor General Liability Insurance (Showing City as Certificate Holder)
- ____ Proposed Signage
- ____ San Patricio County Health Department Permit
- ____ Texas State Sales Tax Identification Number
- ____ Valid San Patricio County Issued Food Handlers Permit

I do solemnly swear that I am the person named and described herein and that the statements on this registration are true and correct:

Signature: _____ Reviewed By: _____ Date: _____

Expiration Date: December 31, 20____.