



TEXAS CITY POLICE DEPARTMENT



Mobile Vendor Permit Document

Checklist

Enter a check in the space provided for every document that you received.

- A. Mobile Vendor Application
- B. Driver Permit Application (one for each driver)
- C. Copy of Driver License(s)
- D. Defensive Driving Certificate
- E. Vehicle Insurance
- F. Health Certificate (non pre-packaged food)
- G. Copy of Sales Tax ID of DBA
- H. (2) Passport size photo
- I. List additional Personnel on Back of Application
- J. Criminal History (CCH) Verification Form *(signed and dated)*
(All personnel must complete - Original Document ONLY - copies will not be accepted)

Run and Print CCH

Full Warrant Check through Dispatch

Run and Print DBA Status

Completed by: _____

Date: _____

**CITY OF TEXAS CITY
MOBILE VENDOR PERMIT APPLICATION**

FRAUDULENT / FALSE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION

PLEASE PRINT

(Illegible and/or incomplete applications will be DENIED)

Applicants Full Name: _____ TXDL# _____

Address: _____

Phone No. _____ Date of Birth: _____ SS#: _____

Age: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Vehicle Information:

Year: _____ Make: _____ Model: _____

License #: _____ VIN: _____

List any ARREST/CONVICTIONS: (attach extra sheets if necessary)

Name of Establishment: _____

Address/Location of Establishment: _____

Types of Products Being Sold: _____

Sales Tax License #: _____ Health Certificate #: _____
(attach copy) (attach copy)

Insurance Company: _____

Policy #: _____ *(Attach copy of declaration)*

I authorize the Texas City Police Department to conduct a criminal history and background investigation and authorize release of any information.

Indemnification Clause

Applicant specifically agrees to indemnify, defend and hold the City of Texas City, its officers, directors, agents, representatives and employees harmless from and against any and all claims, expenses, damages, or other liabilities, including reasonable attorneys' fees and court fees, arising out of bodily injury or property damages arising out of or in connection with the event.

APPLICANT'S SIGNATURE

DATE

Mobile Vendor Dike Vendor *(mobile vendor permit required)*

APPROVED

DENIED

DATE

MOBILEVENDORAPP

**CITY OF TEXAS CITY
DRIVER'S PERMIT APPLICATION**

*(A NON-REFUNDABLE APPLICATION FEE OF \$10.00 MUST ACCOMPANY THIS APPLICATION)
FRAUDULENT / FALSE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION*

PLEASE PRINT

(Illegible and/or incomplete applications will be DENIED)

Applicants Full Name: _____ TXDL# _____

Applicant's Address: _____

Phone No. _____ Date of Birth: _____ SS#: _____

Age: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

Employer: _____
Name and Address

List any physical or mental disease / disability that is likely to prevent you from exercising ordinary and reasonable control over a motor vehicle; or, that is likely to endanger the public health or safety:

List any moving violations within the last 3 years:

List any motor vehicle accidents within the last 3 years:

List ANY ARRESTS / CONVICTIONS: (attach extra sheets if necessary)

I authorize the Texas City Police Department to conduct a criminal history and background investigation and authorize release of any information.

Indemnification Clause

Applicant specifically agrees to indemnify, defend and hold the City of Texas City, its officers, directors, agents, representatives and employees harmless from and against any and all claims, expenses, damages, or other liabilities, including reasonable attorneys' fees and court fees, arising out of bodily injury or property damages arising out of or in connection with the event.

APPLICANT'S SIGNATURE

DATE

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

(This copy must remain on file by your agency. Required for future DPS Audits)

Signature of Applicant or Employee

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please: Check and Initial each Applicable Space	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
Retain in your files	