



CITY OF EAST BERNARD

704 Church Street • East Bernard, Texas 77435
(979) 335-6558 • citysecretary@eastbernardtx.com

MOBILE FOOD ESTABLISHMENT PERMIT APPLICATION

Owner or Corporation Information

Name of Business : _____

Owners Name: _____

Date of Birth: ___/___/___ DL or ID No.: _____ State: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No.: (____) ____-____ After Hours Emergency No.:(____) ____-____

Email: _____

Number of Employees: _____ Type of food or specific foods to be vended:

Selling Location

Name of Property Owner: _____

Address: _____ East Bernard, TX 77435

Type of Unit (Truck/Trailer/Cart): _____ License Plate #: _____

Description(Color/Make/Model): _____

Texas Sales and Use Tax Permit Number: _____

Time of Operation: _____

Copies required for issuance of Permit

Texas Sales and Use Tax Permit	Yes <input type="checkbox"/> No <input type="checkbox"/>	Received by _____
Mobile Food Vendor License	Yes <input type="checkbox"/> No <input type="checkbox"/>	Received by _____
Certified Food Manager Cert.	Yes <input type="checkbox"/> No <input type="checkbox"/>	Received by _____
Copy of Liability Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Received by _____
Property Owner Authorization Form	Yes <input type="checkbox"/> No <input type="checkbox"/>	Received by _____
Sales Tax & Use Confirmation Receipt	Yes <input type="checkbox"/> No <input type="checkbox"/>	Received by _____



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NOTE: THIS APPLICATION IS NOT A PERMIT. A MOBILE FOOD ESTABLISHMENT PERMIT WILL BE ISSUED BY THE CITY OF EAST BERNARD. APPLICATION HAS TWO (2) PAGES. APPLICANT MUST COMPLETE BOTH PAGES TO HAVE APPLICATION REVIEWED & CONSIDERED.

LIMITATIONS, RESTRICTIONS AND CONDITIONS

As Per Ordinance # 2026-006 Mobile Food Ordinance:

- Any person(s) found violating this ordinance shall have committed an offense and upon conviction will be fined \$100 per day.
- The provisions of this ordinance shall be enforced by the Constable and/or all appropriate City agencies;
- The Permit may be revoked if any sections of this ordinance are violated.

Please initial that you understand these Limitations, Restrictions and Conditions:

- _____ I understand that this permit may be revoked at any time by an authorized Agent or City Official of the City of East Bernard.
- _____ I understand all the limitations, restrictions and conditions mentioned above.
- _____ I understand that I must keep the Mobile Food Establishment Permit on location at all times while conducting business.
- _____ I understand that I must present said permit when asked by any City Agent or City Official.
- _____ I understand that this permit DOES NOT authorize stationary sales from any public right-of-way or public property.
- _____ Operate only from 7:00 a.m. to 10:00 p.m. with the exception of a City sponsored event with 1-hour before regular operating hours for prepping on site.
- _____ I understand that fines of up to \$100 per day may be levied for violating city ordinances mentioned on this application.
- _____ I have been given a copy of the 2026-006 Mobile Food Unit.

I hereby authorize the City of East Bernard to conduct a background check in accordance with Ordinance No. 2026.006.

I hereby swear or affirm that the information above is true, accurate and complete to the best of my knowledge; that no relevant information has been omitted; and that I have read and understand the ordinances regarding mobile food units.

Applicant Signature

Date

The East Bernard Constables have reviewed and concurred that applicant has no local warrants or outstanding issues.

Signature of Police Department Staff

Date

OFFICE USE ONLY

Establishment Permit: **APPROVED** or **DENIED** Permit #: _____ Expiration Date of Permit: _____
Date Issued: ____ / ____ /2026 **By:** _____



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MOBILE FOOD VENDOR PROPERTY OWNER AUTHORIZATION

1. PROPERTY OWNER (LANDLORD) INFORMATION

Full Name: _____

First & Last

Phone Number: (_____) - _____ - _____

Email Address: _____

2. PROPERTY INFORMATION

Property Address: _____

City: _____ State: _____ Zip: _____

3. FOOD VENDOR INFORMATION

Business Name: _____

Owner / Operator Name: _____

4. VEHICLE / FOOD TRUCK DETAILS

Type of Unit (Truck/Trailer/Cart): _____

License Plate Number: _____

Description (Color/Make/Model): _____

5. AUTHORIZATION STATEMENT

I, _____ (Landlord/Property Owner), am the legal owner or authorized representative of the property listed above. I hereby grant permission to _____ (Food Vendor/Business Name) to operate a mobile food unit on my property located at the address stated above. This authorization includes permission for the food vendor to park, set up, and conduct food ordinances, and health regulations.

6. DURATION OF AUTHORIZATION

() One-Time Event (Date): _____

() Ongoing Authorization Beginning: _____

End Date (if applicable): ____ / ____ / ____

The Texas Sales and Use Tax Permit

01-300
 (Rev. 1-07/17)

TEXAS SALES AND USE TAX PERMIT

This permit is not transferable, and this side must be prominently displayed in your place of business.

Merchants: A copy of this permit does not replace a resale or exemption certificate. You will be responsible for sales tax unless you have a valid resale exemption certificate on file.

You must obtain a new permit if there is a change of ownership, location, or business location name.

TAXPAYER NAME, BUSINESS LOCATION NAME, and PHYSICAL LOCATION

TX

NAICS CODE: [REDACTED] DESCRIPTION ON NEXT LINE:

Electronic Shopping

WE SHOW THIS BUSINESS IN THE FOLLOWING LOCAL SALES TAX AUTHORITIES:

CITY: [REDACTED] EFF: 02/01/2012

TRANSIT: [REDACTED] EFF: 02/01/2012

Type of permit: **SALES AND USE TAX**

Taxpayer number: [REDACTED]

Location number: [REDACTED]

First business date: **02/01/2012**

Susan Combs
SUSAN COMBS
 Comptroller of Public Accounts

The Vendor License



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

FOOD HANDLER PROGRAM

BRADLEY E COX DBA

TEXAS BEST FOOD SERVICES TRAINING

827 W HARWOOD RD STE D
 HURST, TX 76054



Pursuant to Health and Safety Code Chapter 438 (Public Health Measures Affecting Food, Beverages, and Lodging) of the Texas Administrative Code, and in reliance on statements and information provided by the applicant, the undersigned hereby licenses the applicant, subject to all applicable rules, regulations, and orders of the Department of State Health Services, to engage in the business of [REDACTED] now or hereafter in [REDACTED]. The above license is authorized to [REDACTED] follow each [REDACTED].

FOOD HANDLER PROGRAM

License # 68

Expires: August 26, 2015

David [REDACTED]
 Commissioner

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The Certified Food Manager Certificate



Sales Tax & Use Confirmation Receipt



CITY OF HOUSTON
Houston Fire Department Permit Office
 1002 Washington Ave., 2nd Floor, Houston, TX 77002
 P.O. Box 3625, Houston, TX 77253 phone: 832-394-8811
www.houstonpermittingcenter.org

RECEIVED
 JUN 22 2014

ACKNOWLEDGEMENT OF PAYMENT RECEIVED

This is an acknowledgement that the Permit Office of the Houston Fire Department received your application and fee for the Fire Prevention Permit. If the payment is for a permit that requires an inspection, a Fire Inspector will inspect to determine if the permit can be approved. Any deficiencies found during an inspection need to be corrected before the permit can be approved. If any information on this form is not correct, please print from comments below and return this form in the envelope provided. If you need further assistance, call the Permit Office Monday through Friday from 7:00 a.m. to 4:00 p.m. 832-394-8811.

CUSTOMER:	RICOS TACOS MOBIL 5959 BISSONNET ST # 37 HOUSTON, TX 77061	
LOCATION:	4040 BOONE RD HOUSTON, TX 77074	
PERMIT NUMBER:	FM 274	
INSPECTION NUMBER:	11085	
FEES PAID		
Admin	ADMINISTRATIVE FEE	\$32.16
11	LIQUID GAS (USE ON MOBILE FOOD)	\$192.98
	TOTAL PAID:	\$225.14

7/30/2014