

CITY OF SAN BENITO VENDOR APPLICATION



Type of Event	Fees	Number of Days
Holiday Vendors	\$25.00 per day	1-7 days consecutively
General/Non Food Stationary Only	\$25.00 per day	1-14 days consecutively
Carnival/Circus	\$500. Operating fee \$100. Set-up insp. fee \$500. Clean-up deposit	

Check One: Benefit/Fundraiser Church/School Festival Market Days
Community Event Other

Event Information

Name of Event/Function _____

Event Address/Location: _____

Date of Event: _____

Hours of Operation: _____
 (The food booth(s) shall be set-up & ready for inspection at start of Hours of Operation)

Total # of Food Booths: _____ Sales Tax Permit Tax I.D. # _____

Organization/Name: _____

Mailing Address: _____

Contact Phone#: _____ E-mail Address: _____

- **ATTACH A COPY OF A VALID GOVERNMENT ISSUED PHOTO I.D. FOR THE EVENT ORGANIZER**
- **ATTACH A COPY OF TEXAS SALES TAX CERTIFICATE AND/OR PROOF OF TAX EXEMPTION**
- **ATTACH SIGNED & DATED LETTER FROM BUSINESS ALLOWING USE OF FACILITIES FOR THIS SPECIFIED EVENT.**

All applications must be complete and submitted to this department (3) business days prior to event and fees paid when submitted. **(NO REFUND OF PERMIT FEE UNDER ANY CIRCUMSTANCE).**

CARNIVAL USE ONLY: ALL FOOD MUST COME FROM AN APPROVED SOURCE. List ALL food items (meats, sides, fruits, vegetables, beverages and ice) that will be served to the public from this booth. In cases where pre-cooked food is purchased a copy of the business Health Permit is required.

NO HOME-PREPARED FOODS ARE ALLOWED (as per state regulations)

Food Items	Supplier	Prepared on Site	Entity/Business providing

I hereby certify that I have received the guidelines for a VENDOR permit. I understand that, as a condition of my operation at this event, I am responsible to insure that these guidelines are strictly adhered to at all times. Failure to provide accurate and true information and failure to adhere to these guidelines may result in the revocation of this permit and/or fines by City of San Benito Municipal Court.

Signature: _____ Printed Name: _____ Date: _____

OFFICE USE ONLY:

Received:	Amt. Paid:	Permit #	Expires:
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