



CITY OF CORPUS CHRISTI
DEVELOPMENT SERVICES

2406 Leopard St. Corpus Christi, TX 78408 | Phone: 361.826.3240

OFFICE USE ONLY
<input type="checkbox"/> Commercial Solicitor
<input type="checkbox"/> Iterant Merchant
<input type="checkbox"/> Peddler
<input type="checkbox"/> Vendor

Vendor Application

Contact Information

Name of Applicant	Contact Phone #
DBA (Doing Business As)	Alternate Phone #
Business Address	Email Address

Required Documents to Obtain Vending Permit		Office Use Only
1	Type of Vending items: <input type="checkbox"/> Retail/Merchandise <input type="checkbox"/> Food Products (Pre-Packaged Only) <input type="checkbox"/> Food Products (Cooked Only) <input type="checkbox"/> Food Products (Cooked & Pre-Packaged)	
2	State Sales Tax Certificate	
3	Doing Business As (DBA) Certificate	
4	Proof of General Liability Insurance Coverage Required: Name City of Corpus Christi as additional insured City of Corpus Christi ATTN: Development Services 2406 Leopard Street, Corpus Christi, TX 78408 Office: (361) 826- 3240	
5	Proof of Auto Liability Insurance (State Requirements)	
6	Vehicle Information: Make: _____ Model: _____ Year: ____ Vehicle License # _____ State License Issued: _____	
7	Background Check(s) All employees associated with the business, must adhere to the background check requirement as per Ordinance 38 and submit a valid proof of identification or colored photocopy of identification.	
8	Locations Authorization Form (Private Property Only)	

I, the undersigned applicant, do hereby certify that I am an authorized agent to act in behalf of said business; that all information contained here is true and correct; and hereby agree to comply with all provisions pursuant to the city of Corpus Christi Code Ordinance and all applicable State and Federal regulations. I further understand that every individual who conducts business for us in our representative whether acting as an employee, agent, independent contractor and franchise, or otherwise as applicant is responsible for compliance with all provisions of City of Corpus Christi Code of Ordinance by every individual representative.

 Applicant Signature

 Date

Office Use Only

Permit #:	Issued By:	Permit Issued Date:	Expiration Date:
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THESE FORMS MUST BE FILLED OUT BY EVERYONE THAT WILL BE ASSOCIATED WITH THE MOBILE VENDING UNIT

CRIMINAL BACKGROUND CHECK AUTHORIZATION FORM			
Full Name			
Former Name(s) and Dates Used:			
Current Address Since:			
	(Month/Year)	(Address)	
Previous Address Since:			
	(Month/Year)	(Address)	
Social Security Number:		Date of Birth:	
Telephone Numbers & Types:			
*Types: Mobile, Work, Home, Office			
Drivers License Number/State:			

The information contained in this application is correct to the best of my knowledge. I hereby authorize the City of Corpus Christi and its designated agents and representatives to conduct a comprehensive review of my criminal background history to be generated to obtain a vending permit from the City of Corpus Christi. I understand that the scope of the report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; educational background; character references; drug testing, civil and criminal history records for any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I understand that this criminal background check must be completed per the City of Corpus Christi Municipal Ordinance 38.

Applicant Signature

Date

OFFICE USE ONLY:

Conducted By: (Print Name)			
Date Conducted:			
Employee Signature:			
Background Check Status:	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied—Offense: _____	

I, _____, acknowledge that a computerized criminal history (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process, I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us/CrimeRecords/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 \$25.00 to the fingerprinting services company .

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

This copy must remain on file by this agency. Required for future DPS Audits

Signature of Applicant or Employee (optional)

Date

Agency Name (Print)

Agency Representative Name (Print)

Signature of Agency Representative

Date

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

All vendors must keep a Location Authorization on hand within their vending unit, and make available for inspection upon request by city officials and/or law enforcement officials at all times during operation. The agreement must confirm the authorization to use the private property.

I, _____, owner/responsible party for _____
Name of Business Owner Name of Business

located at _____ give my permission to
Address of Business

_____ of _____ to
Name of Vendor Name of Vendor's Business

operate on my property during the following hours of operation:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

Friday: _____ Saturday: _____ Sunday: _____

Signature of Business Owner

Printed Name

Date

Signature of Vendor

Printed Name

Date

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Date Received:

Received By: