Mobile Food Vendor Renewal Application

City of Hutto Development Services
210 US 79 East, Ste. 103
Hutto TX 78634
Planning: 512-759-3479
Permits & Inspections: 512-846-2640
planning@huttotx.gov
building@huttotx.gov
www.huttotx.gov

NOTE: A permit may be renewed, provided an application for renewal and permit fees are received by the city no later than the expiration date of the current permit. Any application received after that date will need to be processed using the new Mobile Food Vendor Application.

ORIGINAL PERMIT NO.: _____ ORIGINAL EFFECTIVE DATES: _____

RENEWAL REQUEST

- ☐ 14-day Mobile Food Vendor Permit $ 25.00
- ☐ 30-day Mobile Food Vendor Permit $35.00
- ☐ 90-day Mobile Food Vendor Permit $ 75.00
- ☐ 180-day Mobile Food Vendor Permit $100.00

EXPIRATION DATE OF THE FOLLOWING PERMITS/PERMISSION (as applicable)

Williamson County Cities and Health District Permit _____

Property Owner Permission or City of Hutto Lease Agreement _____

APPLICANT INFORMATION

Name: _____

Company Name: _____

Address: _____

Phone: _____ Email: _____

Driver License Number: _____ State: _____ Sales Tax ID: _____

CERTIFICATION OF CONTINUATION

I CERTIFY, under the penalties of perjury, that the information contained in this application is true and correct to the best of my knowledge, information and belief.

By my signature I hereby affirm that the information in my original application is still valid. All employees for the above effective dates have been verified in the original application. I understand that if any supplemental permits/permissions expire during the effective dates above, updated information shall be provided prior to its expiration.

_____ _____ _____
Applicant Signature Applicant Printed Name Date

THE STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and considerations therein expressed.

Given under my hand and seal of office this _____ day of _____, 20____ A.D.

_____ _____
Notary Public Signature Notary Public Printed Name

(Seal)

FOR DEPARTMENT USE ONLY

APPLICATION RECEIVED	PERMIT #	EFFECTIVE DATES	CHECK #	AMOUNT PAID