



# MOBILE CONCESSIONS APPLICATION

## DEVELOPMENT SERVICES DEPARTMENT

Planning and Development Division  
3015 Market Street, Galveston, TX 77550

409/797-3660

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www.galvestontx.gov

FIRST TIME APPLICANT [ ] OR [ ] RENEWAL \_\_\_\_\_

### I. APPLICANT INFORMATION

\_\_\_\_\_  
Applicant/Representative Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Concession Name

\_\_\_\_\_  
Telephone

### II. CONCESSION INFORMATION – *Please provide the following information for each mobile concession vehicle.*

Vehicle Make	Vehicle Model	Vehicle ID (VIN)	License Plate

### III. APPLICANT CHECKLIST – *All of the following items must be included:*

- [ ] **Motor Vehicle Insurance** – *Copy of Insurance Policy meeting state required minimums.*
- [ ] **State Sales Tax License** – *City of Galveston must be listed as origin of sales*
- [ ] **Photos of Mobile Unit(s)** - *Inside and outside*
- [ ] **Fees** – *Payable to the City of Galveston. Note that permit expires December 31st each year.*
  - Application Fee: \$500.00
  - **Note: As of June 23, 2022 stopping / selling along any arterial roadway in the City of Galveston is prohibited (Ord. 22-035): Broadway, 61st Street, Seawall Boulevard, FM-3005 / Termini-San Luis Pass Road, Ferry Road, Harborside Drive, Seawolf Parkway.**

**IV. ACKNOWLEDGEMENTS**

I certify that I have full authority to make this application, and that all information is correct and complete to the best of my knowledge and ability.

**Please read and initial below:**

- \_\_\_\_\_ I certify that each employee possess a driver's license valid in the State of Texas.
- \_\_\_\_\_ I certify that each employee has received a manual and training instructing the employee in local and state laws governing commercial motor vehicle operations.
- \_\_\_\_\_ I certify that I have read and and agree to follow Galveston City Code Article III: Concessions and Peddlers in regards to mobile concession operations.
- \_\_\_\_\_ I certify that I sell pre-packaged, non-perishable goods or frozen novelties **only**, which require no Galveston County Health District permit.
- \_\_\_\_\_ I certify that I acknowledge that failure to abide by the above regulations may result in fines or the revocation of permit to operate in the City of Galveston.

By signing I am certifying that all the information is true and correct.

\_\_\_\_\_  
Printed Name and Signature of Applicant

\_\_\_\_\_  
Date

**DEPARTMENTAL USE ONLY**

_____	_____	_____
Planning	Date	Comments
_____	_____	_____
Insurance/Risk Manager	Date	Comments
_____	_____	_____
Permit Agent	Date	Permit Number

Fees Collected:  
[ ] Application Fee: \$500.00