



APPLICATION FOR PEDDLER DEVELOPMENT SERVICES DEPARTMENT

Planning and Development Division
823 Rosenberg, 4th Floor, Room 401, Galveston, TX 77550

409/797-3660

planningcounter@galvestontx.gov
www.galvestontx.gov

I. VENDING INFORMATION

Business Name _____ Business Phone _____

Merchandise Food (What type of Pre-Packaged food?) _____

Location _____

II. APPLICANT INFORMATION

Applicant Name _____ Telephone _____ Email _____

Mailing Address _____ City _____ State _____ Zip _____

Applicant's Signature _____ Sales Tax Number _____

III. APPLICANT CHECKLIST

- Health Permit (if required)
- Fee: \$500.00

DEPARTMENTAL USE ONLY

Zoning _____ Date _____ Comments _____

Health _____ Date _____ Comments _____

Insurance _____ Date _____ Comments _____

Permit Agent _____ Date _____ Permit Number _____

*** Permits expire on December 31st of each year. It is the applicant's responsibility to renew yearly.**