



CITY OF BAYTOWN

HEALTH DEPARTMENT

Community Service, Environmental Health, Mosquito Control, Neighborhood Protection
Stormwater, and Animal Services

220 W Defee Ave
P.O. Box 424
Baytown, TX 77522-0424
281.420.5384

Application for Open-Air Vendor

Open-Air Vendor is a person, as well as his agents and employees, who (i) solicits, sells or offers for sale any goods, merchandise, or service, or (ii) exhibits goods or merchandise for sale or for the purpose of taking orders for the sale thereof, by: (1) does not solicit, sell or offer for sale goods, merchandise, or service or exhibit goods or merchandise for sale or for the purpose of taking orders for the sale thereof, (a) from within a facility for which a certificate of occupancy has been issued by the chief building official of the city, or (b) on the same property where the person solicits, sells or offers for sale the same or similar goods, merchandise, or service from within a facility for which a certificate of occupancy has been issued by the chief building official of the city; and (2) remains on any one property for a period of one hour or more soliciting, selling or offering, or exhibiting for order or sale goods, merchandise or service

This license is good for 30 days from date of issuance. You may only operate on said property during the hours of 9 a.m. until 9 p.m. An open-air vendor may only obtain one permit for a property in a twelve-month period. Prior to the expiration of the permit, the open-air vendor must completely vacate the property by removing from the property all personal property used in his operations. No more than two open air vendor licenses may be issued to a person under this division within a twelve-month period.

_____ Date _____ Any consumable, food products
_____ \$100 Application Fee _____ \$100 Replacement Fee

PERSONAL INFORMATION

Name of Applicant: _____

Address of Applicant: _____

State: _____ Zip: _____ Phone #: _____ Alt. Phone #: _____

Texas Driver's License #: _____ Birthdate: _____

Location of principal office and place of business:

Address of where items will be sold:

Hours and days of operation:

74-62(a) Required Information checklist, per City Ordinance (Health Dept. representative to initial and date that each item has been received)

- _____ 1. A statement showing the kind and character of the goods, merchandise, or service to be sold, offered for sale or exhibited;
- _____ 2. Corporate Information: (required if the open-air vendor is a corporation incorporated under the laws of this state).
 - a. Name: _____
 - b. Corporate Address: _____
 - c. Name of Registered Agent: _____
 - d. Address of Registered Agent: _____
 - e. Name of Chief Executive: _____
- _____ 3. Provide a copy of its permit to do business in the state or the name of its agent for service, if the open-air vendor is a corporation incorporated under the laws of some state other than Texas. **Tax Identification Number:** _____
- _____ 4. Submit two (2) recent photos of the applicant's face; one-inch square in size.
- _____ 5. Attach a certificate or letter from an officer or manager of the company or organization for whom the open-air vendor works or solicits, stating that the applicant is an employee or agent of such company or organization
- _____ 6. Provide a bond in the amount of \$1,000, payable to the City of Baytown.

74-62(b) Information Required, per City Ordinance (Health Dept. representative to initial and date that each item has been received)

- _____ 1. Written documentation from the property owner where vendor will operate that includes the following:
 - (a) grant permission to locate on said property;
 - (b) state the purpose, dates of permitted operation and hours / days of operation; and
 - (c) affirm that the owner of the property on which the open-air vendor is to be located remains in compliance with all applicable codes, including, but not limited to, chapters 18 and 112 despite the addition of the open-air vendor.
- _____ 2. Written documentation from either the owner of the property upon which the open-air vendor proposes to locate or the owner of the property immediately adjacent thereto which indicates that sanitary and hand-washing facilities in a structure, for which a certificate of occupancy has been issued by the chief building official,
 - (a) exist on the owner's property, and
 - (b) are available to the open-air vendor, its agents, employees, and customers during all dates and hours of operation of the open-air vendor.

- _____ 3. Site plan which includes all of the following information.
- _____ a. include a description of the number of existing all-weather, off-street parking spaces and the number of remaining spaces if the open-air vendor operates on site;
 - _____ b. if all-weather, off-street parking spaces are not located on the same property on which a person engages in any activity of an open-air vendor, show where the off-street parking area is located, which property must be contiguous to the property on which a person engages in one or more activities of an open-air vendor;
 - _____ c. include a statement indicating whether or not the applicant will be utilizing a temporary structure, including, but not limited to, sheds, canopies, tents, etc., in soliciting, selling, or offering for sale any goods or merchandise; a brief description, including dimensions of any proposed structure; square feet of existing improvements and floor area; and its proposed location;
 - _____ d. show where the sanitary and hand-washing facilities available to the employees and the public are located; and
 - _____ e. include a traffic plan depicting the means of ingress and egress so that vehicles enter and exit the site in a forward motion.

THIS SECTION TO BE COMPLETED IN THE PRESENCE OF A NOTARY

I, _____, as the applicant herein, acting in my capacity as
Applicant's Printed Name

the _____ for the above-referenced company, herby swear or

affirm that the information contained in this application and in the attached documents is true and correct.

STATE OF TEXAS §
 §

COUNTY OF HARRIS §

Subscribed and sworn before me by _____,
Applicant's Signature

on the _____ day of _____, 20____.

 Notary Signature

(SEAL)

My commission expires: _____

THIS SECTION TO BE FILLED OUT BY HEALTH DEPARTMENT

Date received by Health Dept.: _____ By: _____

Date submitted to Planning & Dev. Services: _____ By: _____

Date received back from Planning & Dev. Services: _____

Date submitted to Fire: _____ Final Fire Inspc. Date Received back: _____

Authorization Signature of Health Dept. Supervisor

Date

DATE LICENSE ISSUED

DATE LICENSE EXPIRES