



# City of Austin

Austin Transportation Department, Right of Way Management Division  
P.O. Box 1088, Austin, Texas 78767

## RIGHT OF WAY VENDOR LICENSE APPLICATION

### AAAPPPPL IICCAANNNTT IINNFFOORRMMMAATT IIOONN

Applicant Name:

Address:

City: State: ZIP Code:

Phone: E-mail: Fax:

### BBBUUSS IINNNEESSSS IINNFFOORRMMMAATT IIOONN

Business Name/DBA: Sales Tax #:

Business Structure (circle one): Corporation Limited Liability Company Partnership Sole Proprietorship

Address:

City: State: ZIP Code:

Phone: E-mail: Mobile Food Vendor Permit # (if applicable):

### LIST ALL VENDING PERMITS YOU NOW HOLD:

PERMIT #	LOCATION	EXPIRATION DATE

Have you held a vendor permit that has been revoked:  Yes  No

If you answered yes, explain why: \_\_\_\_\_

\_\_\_\_\_

### VVEENNDD IINNNGG LL OOC CAATT IIOONN

Address (Or Closest Property Address):

ZIP Code: Curb: (Circle One) North South East West

### ADJACENT BUSINESS INFORMATION (if applicable)

Name of Adjacent Business: Name of Business Owner:

Mailing Address:

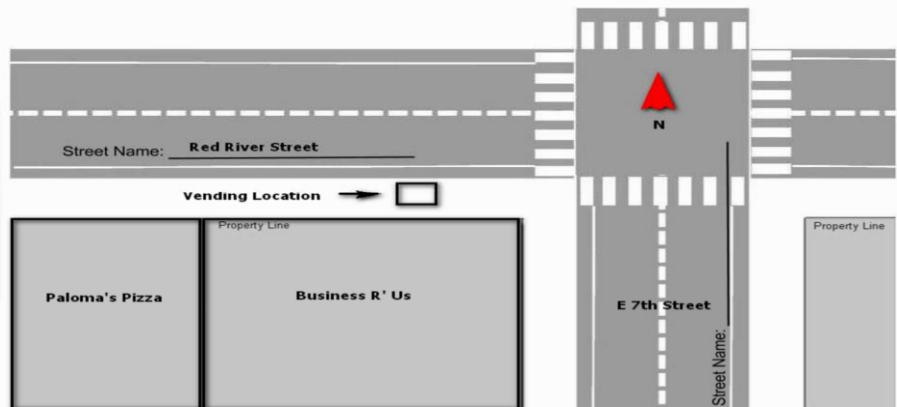
City: State: ZIP Code:

**\*\*Right of Way Management will deliver notice of your vending request to the adjacent business via certified mail. The business owner is provided 10 days to submit comments/objections to the request.\*\***

### VENDING LOCATION SKETCH

You are required to submit a map, photo, sketch, or diagram of the proposed site. See sample diagram below.

**Label all street names.**  
Use a north arrow or compass to indicate direction.  
**Identify the proposed vending location.**  
**Label name of adjacent business.**





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**SSAALLESS IINNFFOORRMMMAATTII OONN**

Proposed Days of Operation:

Proposed Hours of Operation:

State your proposed method of sale:

\_\_\_\_\_  
\_\_\_\_\_

List items to be offered for sale:

\_\_\_\_\_

I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS TRUE AND THAT I HAVE READ THE CITY OF AUSTIN CODE SECTION 14-921 THROUGH 14-9-23, AND I UNDERSTAND ALL CONDITIONS OF THIS APPLICATION AS SET FORTH HEREIN AND THE CITY CODE.

\_\_\_\_\_  
PRINT NAME AND TITLE

\_\_\_\_\_  
SIGNATURE OF APPLICANT  
(MUST SIGN IN THE PRESENCE OF NOTARY)

THE PERSON KNOWN TO ME TO BE THE ABOVE SIGNED APPLICANT IS DULY SWORN BY ME AND STATES UNDER OATH THAT HE/SHE HAS READ THIS APPLICATION AND THAT ALL FACTS THEREIN SET FORTH ARE TRUE AND CORRECT.

SWORN TO ME ON THIS, THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
STATE OF TEXAS, TRAVIS COUNTY NOTARY PUBLIC SIGNATURE