

APPLICATION FOR MOTOR VENDING  
**Fee: \$500.00**  
DEVELOPMENT SERVICES DEPARTMENT  
823 ROSENBERG, ROOM 401  
\*\*\*\*\*PHONE (409) 797-3660

\_\_\_\_\_  
Applicant Name Telephone

\_\_\_\_\_  
Mailing Address City, State Zip

\_\_\_\_\_  
Business Name Business Phone

\_\_\_\_\_ Merchandise \_\_\_\_\_ Food (What specific food?) \_\_\_\_\_

\_\_\_\_\_  
Location

\_\_\_\_\_  
Vehicle Make Vehicle Model License Plate Number

\_\_\_\_\_  
License-State Vehicle Identification Number (VIN)

**Attach copy of proof of auto insurance**

\_\_\_\_\_  
Applicant's Signature Social Security Number Sales Tax Number

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**DO NOT WRITE BELOW THIS LINE**

\_\_\_\_\_  
Zoning Date Comments

\_\_\_\_\_  
Health Date Comments

\_\_\_\_\_  
Police Date Comments

\_\_\_\_\_  
Insurance Date Comments

\_\_\_\_\_  
Permit Agent Date Permit Number