



# TEXAS CITY POLICE DEPARTMENT



## Temporary Vendor Permit Downtown 6th Street Events

This permit is valid for up to three days for events on 6th Street *to which you have been invited* by the event organizer.

Permit must be prominently displayed. Those without permits displayed or who are at an event to which they are not a invited will be asked to leave immediately.

Name of Event \_\_\_\_\_

### Documentation Checklist

Enter a check in the space provided for every document that you submitted.

- \_\_\_\_\_ A. Application for Temporary Vendor  
*(signed and dated)*
- \_\_\_\_\_ B. \$25 Payment for Permit Processing *(We accept cash, or checks and money orders made payable to "City of Texas City")*
- \_\_\_\_\_ C. Copy of State Issued Identification
- \_\_\_\_\_ D. Copy of Sales Tax ID or DBA
- \_\_\_\_\_ E. List Additional Personnel on Back of Application
- \_\_\_\_\_ F. Criminal History (CCH) Verification Form *(signed and dated)*  
*(All personnel must complete Original Document – copies will not be accepted)*

### FOOD VENDORS - Additional Documentation

- \_\_\_\_\_ G. Copy of Galveston County Health Certificate (copy of application and payment receipt is acceptable)

**CITY OF TEXAS CITY  
COTC VENDOR PERMIT APPLICATION  
BY INVITATION ONLY**

FRAUDULENT / FALSE INFORMATION WILL RESULT IN IMMEDIATE DISQUALIFICATION  
*(Illegible and/or incomplete applications will be **denied**)*

Applicant's Full Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ TX DL #: \_\_\_\_\_ SS #: \_\_\_\_\_

AGE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WGT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
*(Name and address)*

List any Arrest / Convictions: *(Attach extra sheets if necessary)*

NAME OF VENDOR (Company): \_\_\_\_\_

Check one: \_\_\_ Food \_\_\_ Pre-Packaged Food \_\_\_ Crafts \_\_\_ Other

TYPE OF PRODUCTS BEING SOLD: \_\_\_\_\_

SALES TAX LICENSE #: \_\_\_\_\_ HEALTH CERTIFICATE #: \_\_\_\_\_

I authorize the Texas City Police Department to conduct a criminal history and background investigation and authorize release of any information.

**Indemnification Clause**

Applicant specifically agrees to indemnify, defend and hold the City of Texas City, its officers, directors, agents, representatives and employees harmless from and against any and all claims, expenses, damages, or other liabilities, including reasonable attorneys' fees and court fees, arising out of bodily injury or property damages arising out of or in connection with the event.

\_\_\_\_\_  
**Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**APPROVED**

\_\_\_\_\_  
**DENIED**

\_\_\_\_\_  
**DATE**

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Name (Please print)

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

<b>Please: Check and Initial each Applicable Space</b>	
CCH Report Printed:	
YES _____ NO _____	_____ initial
Purpose of CCH: _____	
Empl ___ Vol/Contractor ___	_____ initial
Date Printed: _____	_____ initial
Destroyed Date: _____	_____ initial
<b>Retain in your files</b>	