CITY OF SAN ANTONIO

Center City Development and Operations 400 N St. Mary's St, Suite 100

San Antonio, TX 78205 Phone: 210.207.3677

Email: vending@sanantonio.gov



APPLICATION FOR PRIVATELY CONTROLLED PROPERTY VENDING PROGRAM

First Approve Site Fee (\$750.00)			PERMIT NUMBER				
Additional Approved Site Fee (\$100.00)							
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VENDOR INFORMATION							
PRIMARY VENDOR NAME:			EMAIL:				
PHONE:		AD	DRESS:				
ALT PHONE:							
BUSINESS NAME:							
BUSINESS TYPE:		STATE OF TX TAX PERMIT	Г#:				
If applicant is an associate or business partner of a vendor, or part of a group applying for a space, please provide the following information:							
APPLICANT NAME:			EMAIL:				
PHONE:		AD	DRESS:				
ALT PHONE:							
READ BEFORE SIGNING							
local, state and federal background check with the San Antonio Police Department and am certifying that I have not been convicted of any criminal violations, including convictions, deferred adjudications and/or probation for any felony offense, any sexual offense including misdemeanors, offenses to a child including misdemeanors, any offense requiring registration as a sexual offender or any offense for theft including misdemeanors, assault or perjury. I agree that failure to comply any of the aforementioned requirements will result in denial of my vending application. I agree to indemnify and hold harmless the city against all liability arising out of my activities under this permit. I AGREE THAT SUCH INDEMNITY SHALL APPLY EVEN WHERE SUCH LIABILITY ARISES IN ANY PART FROM THE NEGLIGENCE OF CITY, BUT SHALL NOT APPLY IN CASES OF CITY'S SOLE ACTIVE NEGLIGENCE.							
	y furnished in this application is true and correct y Development & Operations for the approved vo		e and is s	ubmitted for the			
APPLICANT SIGNATURE:		DATE:	DATE:				
* please insert an electronic signature if possible, otherwise type your full name into the box. Either will be treated the same as a wet signature. *							
TO BE COMPLETED BY CCDO							
	APPROVED			DECLINED			
CITY REPRESENTATIVE:			DATE:				
MATERIAL #:		IO #:					
CUSTOMER #:		G/L#:					
LICENSE VALID							
FROM: TO:							

PRODUCTS TO BE SOLD If applicant is an associate or business partner of a vendor applying for a space, this section does							
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:			•				
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:			•				
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:	-		•				
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:			•				
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:			•				
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:			•				
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:							
PRODUCT NAME:			PICTURE ATTACHED:				
SUPPLIER:		SUPPLIER ADDRESS:					
(purchased from)							
PRODUCT DESCRIPTION:							
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I understand that the items I have listed will be the only items sold by me or any associate vendors should I participate in the Downtown River Walk Designated Public							
Space Vending Program. I understand any change in this list will need to be approved by CCDO.							
APPLICANT SIGNATURE: DATE:							
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* please insert an electronic signature if possible, otherwise type your full name into the box. Either will be treated the same as a wet signature. *							