



Department of Code Compliance Services
Consumer Health Division
7901 Goforth Road
Dallas, Texas 75238

Application for Central Business District (CBD) Concession License

LICENSE APPLICATION FEES ARE NOT REFUNDABLE

APPROVED: YES NO CBD LICENSE NUMBER:
APPROVED BY: EXPIRATION DATE:

PLEASE PRINT OR TYPE

1. Name of Applicant: Date:

Driver License Number: State:

Home Address:

Phone Number: (H) (W) (C)

Name of Spouse:

2. Business Name:

Business Address:

Business Phone Number:

Name and Address of Employees or Agents (Use reverse side or separate sheet is needed)

3. Do you have an approved Commissary? YES NO

If yes, Name:

Address:

If no, obtain a Commissary Approval Form from the permit clerk.

4. Vendor Sales Tax Permit Number:

Provide details regarding the nature, character and quality of the goods or services, offered for sale/distribution. Use reverse side or separate sheet if needed:

Blank lines for providing details regarding the nature, character and quality of the goods or services.

5. Proposed Vending Location: \_\_\_\_\_

**\* Applicant must submit a detailed map or photo identifying the exact vending location.**

6. Type of advertising proposed to be done: \_\_\_\_\_

7. Proposed hours of operation: \_\_\_\_\_ to \_\_\_\_\_

8. License number of vehicles used for delivery of products: \_\_\_\_\_

Type: Make and Model: \_\_\_\_\_

9. Has applicant or applicant's spouse been convicted of an offense under Dallas City Code Chapter 50 (other than license requirement) within the last two years? YES NO

10. Are you or your spouse overdue in your payment to the city of Dallas with regards to City taxes, fees, fines or other penalties? YES NO

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE NOTE THAT APPLICATIONS MAY TAKE UP TO 30 DAYS FOR PROCESSING**

**I certify that information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid. I agree to abide by all of the policies, rules and regulations set forth by the department. Failure to comply may result in suspension of the permit or imposition of a fine or both.**

\_\_\_\_\_  
Name of Applicant Business Title

\_\_\_\_\_  
Signature Driver License # Date of Birth

Subscribed and sworn before me, this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
*Signature of Notary*

**Notary Seal**

\_\_\_\_\_  
Commission Expires Printed Name of Notary