



Town of Flower Mound Environmental Services
 2121 Cross Timbers Road, Flower Mound, TX 75028
 Telephone: 972-874-6340 Website: www.flower-mound.com

Mobile Ice Cream Vendor Permit Application

Annual Fee (January 1 to December 31) \$150.00

**A fully completed Application must accompany payment for permit to be issued.
 Please print legibly or type application information.**

SITE INFORMATION		
Name on Vehicle:		
License # :	VIN #:	
Manager/ Person in charge:	Phone:	
Email:		
Contact Person in Vehicle:	Phone:	
Mailing Address for permit renewal letter:		
Address:		
City:	State:	Zip:

OWNERSHIP	
TEXAS STATE SALES TAX NUMBER (Required):	
Name of Owner:	
Address:	
Phone:	Email:

I understand any permit granted from this application may be revoked for cause. Failure to comply with the Town of Flower Mound rules and regulations, as well as any notices for correction of violations affecting public health and sanitation, and/or any false or misleading information provided on this application, shall be deemed cause for revocation of the Mobile Food Vendor Permit and CLOSURE of the establishment.			
Applicant Name:	Signature:	Position / Title:	Date:

For Environmental Health Services office use below this line		
R'cvd by:	Fee paid : Y/N	Date:
Permit #:	Permit printed : Y/N	Sticker Assigned: Y/N
Approved by:	Date:	

DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, _____, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (This is not a consent form, but serves as information for the applicant.) 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 record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint 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 \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

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

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

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