

GARLAND HEALTH DEPARTMENT

P.O. BOX 469002
GARLAND, TEXAS 75046-9002

CONCESSION PERMIT APPLICATION

Applicant Name/Truck Name: _____

Applicant Home Address: _____

Home Phone: _____ Business Phone: _____

Date of Birth: _____ Driver's License: _____

Name of League: _____

Name and Address of Park: _____

Dates of Operation: From ___/___/___ To ___/___/___ Time: ___ To ___

Are proceeds from food sales going to a non-profit organization? Yes No

Please list all foods that are to be sold.	
1.	7.
2.	8.
3.	9.
4.	10.
5.	11.
6.	12.

HEALTH DEPARTMENT APPROVAL

Date: _____

Fee: _____

Health Specialist Signature

Receipt #: _____

I certify that the above information that I have supplied is true to the best of my knowledge. I also certify that I have been furnished a copy of the regulations regarding the sale and conveyance of food from a concession within the City of Garland and that I understand my responsibilities under these regulations.

Applicant Signature