



Itinerant Merchant Application Dallas Planning Department

Official Use Only:
 File No.: _____
 Date: _____
 Fee: _____ PAID

Section 1 – Applicant Information

Applicant Name(s): _____
 Mailing Address: _____
 Email: _____
 Phone Number: _____ Cell Number: _____

Section 2 – Business Information

Business Name(s) _____
 Mailing Address: _____
 Email: _____
 Phone Number: _____ Cell Number: _____

Section 3 – Business Description

Describe your business, including products and /or services: _____ Is this a Food Cart? Yes No

 Days and hours of operation: _____
 How long will you be conducting business? Begin Date: _____ End Date: _____
Food Carts: Limit 6 months per calendar year per location, renewal allowed.
Other Businesses: Limit 3 months per calendar year per location, no renewal.

Section 4 – Itinerant Business Location Information

First Location
 Itinerant Business Location: _____
 Name of Property Owner: _____
 Signature of Property Owner: _____
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Second Location (if any)
 Itinerant Business Location: _____
 Name of Property Owner: _____
 Signature of Property Owner: _____

For additional locations submit multiple copies of this page with sections 2 and 4 completed. OVER

Section 5 – Site Plan

A site plan is required. Attach a site plan demonstrating placement of sales area, customer vehicle parking, traffic circulation, and entry and exit of vehicles from public street.

I have attached a site plan: **Yes** **No**

Section 6 – Additional Information

Do you intend to conduct business in the Public Right-of-Way? **Yes** **No** – Skip this section

If Yes, describe the method and location(s) you wish to conduct business:

If Yes, proof of insurance is required:

Insurance Company: _____

Address and Phone: _____

Email Address: _____

Policy Coverage Limits: _____

Applicants using vehicles must provide additional proof of insurance with the City of Dallas shown as an additional name insured. A copy of the vehicle certificate of insurance must be submitted with this application.

Section 7 – Signatures Required

I hereby certify that, to my knowledge, the above information is true and correct.

BUSINESS OWNER(S)

Business Owner's Signature: _____ Date: _____

Business Owner's Signature: _____ Date: _____

Section 8 – Review and Approval

Official Use Only:

Approved Denied Reason for Denial: _____

Issue Date: _____ Expiration Date: _____

Planning Official Signature: _____ Date: _____