



APPLICATION FOR A VENDOR CERTIFICATE

DATE: \_\_\_/\_\_\_/\_\_\_

VENDOR'S NAME: Last First M.I.

VENDOR'S ADDRESS: Street Number and Name Ste/Apt No.

City State Zip Code

VENDOR'S PHONE #: ( ) - E-MAIL:

ITEM(S) TO BE SOLD:

EVENT:

SET-UP EQUIPMENT:

DURANTION OF PERMIT: 1 Day DATE: 2-4 Days DATES: 1 Year Other:

I hereby certify that all the information provided above is true and correct to the best of my knowledge. If any of the information provided on this application is found to be incorrect, I acknowledge that my permit or approval may be revoked.

VENDOR PRINTED NAME VENDOR'S SIGNATURE DATE

PROPERTY OWNER ACKNOWLEDGEMENT AND AGREEMENT TO CONDITIONS

PROPERTY ACCOUNT NO.: - - -

PROPERTY OWNER: Last First M.I.

BUSINESS NAME:

BUSINESS ADDRESS: Street Number and Name Ste/Apt No.

City State Zip Code

BUSINESS PHONE #: ( ) - E-MAIL:

DAYS AND HOURS OF OPERATION:

I, the owner of record of the property on which the business described above is located, give this vendor permission to use the parking and restroom facilities provided and maintained by the business use on my lot for the use of said vendor's customers for the time period specified in the request.

I hereby certify that I am the owner of record for the purpose of this application. I further certify that I have read and examined this application and know the same to be true and correct. If any of the information provided on this application is incorrect, the permit or approval may be revoked.

PROPERTY OWNER PRINTED NAME PROPERTY OWNER'S SIGNATURE DATE

# VENDOR CERTIFICATE SUBMITTAL CHECKLIST

Please submit the following items with your application for a Vendor Certificate and appropriate fees. Incomplete applications shall not be accepted, and may result in a further delay of your application process. The vendor application cannot be scheduled for consideration unless all items are marked complete.

- Complete and signed Vendor Certificate application.**  
Please note that signatures must be original. Applications may not be faxed or emailed. Complete application shall be submitted no later than ONE (1) WEEK PRIOR TO THE EVENT.  
The Property Account Number (a 16-digit number), also known as the Geographic ID Number, may be obtained from the Cameron County Appraisal District online at [www.cameroncad.org](http://www.cameroncad.org) or via phone at (956) 399-9322.
- Copy of Sales Tax ID**  
A copy of the Vendor's Sales Tax ID will be required when a vendor is requesting a Vendor Certificate for three (3) days or more within a six (6) month period.
- Proof of Non-Profit Status (Letter of Exemption, etc.), if applicable.**
- Site Plan showing the following items:**
  - Existing building(s) on the property, with total building square footage;
  - Off-Street paved parking showing compliance Section 8 of the Zoning Ordinance and ADA standards, to include the total number of parking spaces on site. Please note the subject property shall have the minimum required number of parking spaces for the existing business, plus two (2) additional parking spaces;
  - Location of property's ingress and egress;
  - Proposed location of Mobile Vendor display;
  - Detail of set-up equipment and/or display showing compliance with all applicable Health, Fire and Building Codes;
  - In the event of a carwash, detail showing how the water will be retained on site (and not drain onto the City ROW), with a detailed list of chemicals to be used.
- Proof of Mobile Unit registration.**  
In the event that a mobile unit/trailer will be used, a copy of the mobile trailer's DMV registration will be required with this application.
- Signed and notarized Vendor Certificate Affidavit (see attached).**  
The original signed and notarized Vendor Certificate Affidavit will be required when a vendor is requesting a Vendor Certificate for three (3) days or more within a six (6) month period.
- A copy of this page showing signed approval from all applicable departments.**  
Please note the Vendor Certificate Application process shall commence with the submittal of the complete Vendor Certificate Application and supporting documents to the Planning and Zoning Department for review and approval. Once approved by the Planning and Zoning Department, the application will be routed to the other departments (Fire, Health, etc.) for review and approval. Once all applicable departments have approved the application, the Planning and Zoning Department will issue the Vendor Certificate to the applicant.
- \$10.00 Vendor Certificate Application Fee.**

PROPERTY ACCOUNT NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

VENDOR'S NAME: \_\_\_\_\_  
Last
First
M.I.

PROPERTY BUSINESS NAME: \_\_\_\_\_

PROPERTY BUSINESS ADDRESS: \_\_\_\_\_  
Street Number and Name
Ste/Apt No.

\_\_\_\_\_
 City
State
Zip Code

### FOR CITY OF HARLINGEN OFFICE USE ONLY DEPARTMENTAL REQUIREMENTS

DEPARTMENT	REQUIRED CONDITIONS	INSPECTION DATE (if applicable)	SIGNATURE	DATE
Planning and Zoning	Subject to Section 15.05 of Zoning Ordinance			
Fire Prevention	Meet standard requirements.			
Health	Complies with regulations.			
Building Inspection	Permit #			
Environmental Services	Drainage requirements			

# VENDOR CERTIFICATE AFFIDAVIT

BEFORE ME personally appeared \_\_\_\_\_ who, being first duly sworn, deposes and says that:

1. I affirm that I will comply with the City of Harlingen Zoning Ordinance, more specifically Section 15.05, Mobile Vendors and Special Events, as amended;
2. I affirm that I will operate my Mobile Vendor completely within a property on which a confirming business exists, and only during the businesses days and hours of operation;
3. I affirm that I will only operate and use equipments and/or displays that can be entirely removed from the site at the end of each day of operation;
4. I affirm that if I will be advertising my Mobile Vendor business, all signs will comply with Section 12, Sign Regulations, of the Zoning Ordinance, and I will obtain all required Sign Permits prior to installing the sign(s);
5. If I am selling food items, I affirm that I will apply for and obtain a Temporary Food Permit Application from the City of Harlingen Health Department;
6. I further affirm that I will place my Vendor Certificate, once approved, in a conspicuous place;

Further Affiant Sayeth Not.

Signature: \_\_\_\_\_  
Vendor Certificate Applicant

Print Name: \_\_\_\_\_

STATE OF TEXAS  
CAMERON COUNTY

I HEREBY CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, an officer authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared \_\_\_\_\_, who is personally known to me \_\_\_\_\_ or presented \_\_\_\_\_ as identification and who did/did not take an oath.

\_\_\_\_\_  
State of Texas

Print Name: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_