



**GARLAND**  
HEALTH

# CONCESSION PERMIT APPLICATION

OFFICE USE ONLY

1720 Commerce Street  
Garland, TX 75040  
(972) 205-3460  
(972) 205-3505 Fax

Mailing Address  
Health Department  
P.O. Box 469002  
Garland, TX 75046-9002

Fee: \_\_\_\_\_

Date: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Applicant Name/Truck Name: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

Applicant Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Applicant Date of Birth: \_\_\_\_\_

Applicant Driver's License: \_\_\_\_\_

Name of League: \_\_\_\_\_

Name and Address of Park: \_\_\_\_\_

Dates of Operation: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Hours of Operations: \_\_\_\_\_ 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. |

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 Date

\_\_\_\_\_  
Health Specialist Signature Date