



CONCESSION APPLICATION

DEVELOPMENT SERVICES DEPARTMENT

Planning and Development Division
823 Rosenberg, 4th Floor, Room 401, Galveston, TX 77550

409/797-3660

planningcounter@galvestontx.gov
www.galvestontx.gov

I. PROPERTY INFORMATION

Street Address/Location Current Use of Property

FIRST TIME APPLICANT [] OR [] RENEWAL

II. APPLICANT INFORMATION

ARE YOU PROPERTY (Check One): [] Owner [] Lessee

Property owner must sign the application or submit a notarized letter of authorization.

Applicant Name Telephone E-mail

Mailing Address City State Zip

III. REQUIRED INFORMATION

County Health Department Permit attached. [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

Have you ever been convicted of a misdemeanor crime? [] Yes [] No

Have you ever violated any municipal ordinance? [] Yes [] No

IV. APPLICANT CHECK LIST

All of the following items must be included.

- Site Plan (to scale)** – Indicating the location of equipment, tables-chairs, trailer, cart, litter receptacle, signage placement (no permanent signage).
- Proposed Signage** – Photographs and/or drawings for each sign required.
- State sales tax identification number/Attach copy** – (City of Galveston shall be indicated as the origin of sales).
- Legal Identification** (please include a copy of your identification)
- Proof of insurance- General Liability \$1,000,000** (include a copy)
- Signed copy of current lease from the property owner** (it is recommended to verify application completeness before signing any leases)
- Photograph of Concession Vehicle or Set Up.**
- Water Source** – (the concession vehicle must be fully self-contained during business hours with no permanent connections to water)
- Location of Commissary for disposal of oil & gray water**
- Criminal background check.**

- Hours and Days of operation for the concession: Open _____ Close _____ Days _____
- \$500.00 Fee.

V. ATTEST:

_____ I CERTIFY THAT I HAVE SECURED THE PROPERTY OWNER’S PERMISSION AND HAVE FULL AUTHORITY TO FILE THIS APPLICATION. *(please initial)*

_____ I CERTIFY THAT I HAVE REVIEWED AND UNDERSTAND THE APPLICABLE REGULATIONS RELATING TO TEMPORARY CONCESSIONARIES, per CHAPTER 19 OF THE CITY CODE. *(please initial)*

_____ I CERTIFY THAT I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO MAKE SURE ALL OF MY PERMIT DOCUMENTS ARE UP TO DATE AND THAT IT IS MY RESPONSIBILITY TO SEND UPDATED COPIES TO THE DEVELOPMENT SERVICES DEPARTMENT *(please initial)*

Printed Name and Signature of Applicant Date

Printed Name and Signature of Property Owner Date

Conditions of Permit

1. Per approved site plan attached.
2. Per conditions of Chapter 19 of the City Code.
3. Given copy of Chapter 19 of the City Code by: _____

DEPARTMENTAL USE ONLY

Zoning Date Comments

Insurance/Risk Manager Date Comments

Permit Agent Date Permit Number

Fee of \$500.00 submitted \$ _____
Amount Collected Date Initials

* Approved permit application, site plan and permit must be on site at all times. *
 ** Permits expire on December 31st of each year. It is the applicant’s responsibility to renew yearly.
 ***It is the concessionaire’s responsibility to make sure their proof of insurance/health permit is updated regularly and that a copy of these updated items are sent to the Development Services Department.