

City of Saginaw Permit Department
301 S. Saginaw Blvd.
Phone: 817-230-0453 or 817-230-0473
E-Mail: permits@saginawtx.org



Permit #: _____

Permit Fee: _____

SEASONAL – REFRESHMENT STAND PERMIT APPLICATION

Permit Address: _____

Property Owner Information

Name: _____

Address: _____

City

State: _____

Zip: _____

Phone: _____

E-Mail: _____

Seasonal – Refreshment Stand Information

Business Name: _____

Owner Name: _____

Owner Address: _____

City

State: _____

Zip: _____

Phone: _____

E-Mail: _____

REQUIRED DOCUMENTS (to be submitted with Seasonal/Refreshment Stand Permit Application)

- ☐ Site Plan depicting the location of the Seasonal/Refreshment Stand on the site.
 - Refreshment stand must be located within 500 feet of an existing permanent business with a CO.
- ☐ Property Owner's written permission allowing the operation of the Refreshment stand (form attached).
- ☐ Business Owner's written permission allowing the use of public restroom (form attached).
- ☐ Copy of Refreshment stand owner's driver's license.
- ☐ Copy of Texas Sales Tax Permit.
- ☐ Copy of Tarrant County Health Department Mobile Unit Inspection report.

Please submit a copy of the above listed items IN ORDER. Please provide copies where requested.

I UNDERSTAND THIS IS A SEASONAL PERMIT ISSUED FROM **MARCH 1 TO OCTOBER 31 ONLY.**

Applicant Signature: _____

Printed Name: _____

Date: _____

City of Saginaw

Permit Department

205 Brenda Ln



City of Saginaw

Permit Date: _____

Permit #: _____

Total Fee: _____

SEASONAL / REFRESHMENT STAND

PROPERTY OWNER & BUSINESS OWNER PERMISSION FORM

(To be completed by property owner and/or business owner)

PROPERTY OWNER PERMISSION

I am the property owner of _____

(Address where Seasonal/Refreshment Stand is to be located)

I authorize _____

(Name of Seasonal/Refreshment Stand owner/operator)

To operate _____ at this location.

(Business Name of Seasonal/Refreshment Stand)

Phone Number: _____

E-mail Address: _____

(Property Owner Printed Name)

(Property Owner Signature)

BUSINESS OWNER PERMISSION

I am the business owner of _____

(Name of business within 500 feet of where Seasonal/Refreshment Stand is to be located)

Located at _____

(Address of business within 500 feet of where Seasonal/Refreshment Stand is to be located)

I authorize _____

(Business Name of Seasonal/Refreshment Stand)

Phone Number: _____

E-mail Address: _____

(Business Owner Printed Name)

(Business Owner Signature)