



CITY OF GRAND PRAIRIE  
Environmental Quality Division  
**Ice Cream Pushcart Vendor Permit Application**

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Pushcart Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

Billing Address: \_\_\_\_\_

ID/Drivers License: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Commissary Name: \_\_\_\_\_

Commissary Address: \_\_\_\_\_

Commissary Phone #: \_\_\_\_\_

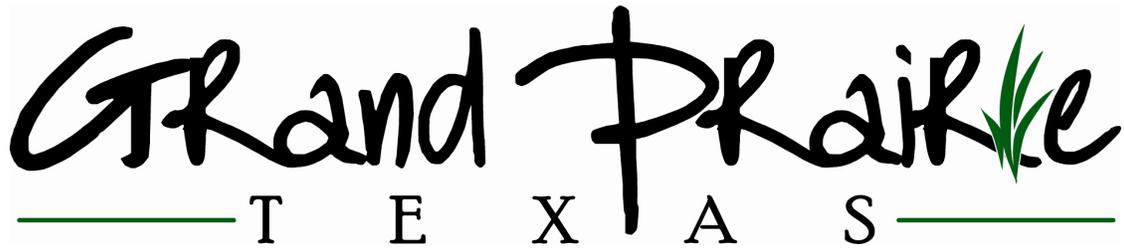
**Pushcarts are limited to the vending of ice cream or other frozen desserts**

I attest that the information provided above is true and accurate. I agree to comply with the City of Grand Prairie Code of Ordinances and understand that failure to do so may result in suspension or revocation of the permit. I further understand that only the foods listed above may be distributed or sold, and that the sale or distribution of unauthorized items will result in revocation or suspension of the permit. I further understand that the permit is granted to the above listed owner(s) and is not transferable and that these fees are non-refundable.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FEE: \$130 per year**



**ICE CREAM PUSHCART  
COMMISSARY APPROVAL**  
Incomplete applications will not be processed

Commissary Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

The following services may be performed at my commissary:

(Check the appropriate items)

- Daily restocking of ice cream                       Wash, rinse, and sanitize all food contact surfaces
- Wash out pushcart                                       Service area has nonabsorbent floor
- Store mobile unit

**PROVIDE A CURRENT COMMISSARY INSPECTION REPORT FROM LOCAL REGULATORY AUTHORITY**

COMMENTS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The mobile vehicle listed below has permission to use my facility to perform the items checked above.  
I certify that this information is true and correct.

NAME OF ICE CREAM PUSHCART \_\_\_\_\_

NAME OF OPERATOR \_\_\_\_\_

OPERATOR'S ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_  
(Street) (City) (State) (Zip)

DATE OF BIRTH \_\_\_\_\_ DRIVER'S LIC. # \_\_\_\_\_  
(Month) (Day) (Yr) (State)

COMMISSARY OWNER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_