



**APPLICATION FOR A  
TEMPORARY  
VENDOR / SPECIAL EVENT**

City of North Richland Hills  
Building Inspections Dept.  
7301 NE Loop 820  
N Richland Hills, TX 76180

Office (817) 427-6330

Fax (817) 427-6303

(PLEASE PRINT OR TYPE ALL INFORMATION)

**PART 1. LOCATION INFORMATION**

Place of Sales / event:

Street Address of sales / event:

Contact Person at place of sales / event:

Telephone number:

**PART 2. TYPE OF PERMIT REQUESTED (Check appropriate boxes and fill in appropriate information in blank spaces.)**

OUTDOOR SALES

\*\*CARNIVAL / CIRCUS

\*\*SPECIAL EVENT (COMMERCIAL ONLY)

\*\*FUND RAISING EVENT

**\*\*ACTUAL EVENTS ARE LIMITED TO (3) THREE CONSECUTIVE DAYS IN ONE 180 DAY PERIOD.  
HOURS OF OPERATION LIMITED TO 8AM - 11PM SUNDAY - FRIDAY, SATURDAY 8AM - 12AM.**

\_\_\_\_\_ with commercial vendors

\_\_\_\_\_ without commercial vendors

**Date of Sale / Event:**

From: \_\_\_\_\_ to \_\_\_\_\_

Dates of set up / removal \_\_\_\_\_

Will a tent be erected?

YES \_\_\_\_ NO \_\_\_\_

**(If yes, then a separate permit is required)**

Will food be sold, served, or prepared?

YES \_\_\_\_ NO \_\_\_\_

**(If yes, then a separate Health Dept. permit may be required.)**

Will signs be erected?

YES \_\_\_\_ NO \_\_\_\_

**(If yes, then a separate permit is required.)**

**PART 3. APPLICANT INFORMATION**

Name of Applicant:

Name of business:

Applicant's address:

Name of sponsoring organization:

Applicant's City / State / Zip:

Address of sponsoring organization:

Applicant's telephone number:

Applicant's Drivers License #:

Telephone number of sponsoring organization:

I hereby certify that the foregoing information is correct to the best of my knowledge and that said sales or event will be Performed in accordance with the information contained herein and in compliance with the zoning regulations of the City of North Richland Hills and any other applicable ordinances.

Date \_\_\_\_\_

Your Name (Printed) \_\_\_\_\_ Signature: \_\_\_\_\_

**PART 4. FOR OFFICE USE ONLY**

Special event criteria:

Verify minimum site requirements in zoning regulations for special events: \_\_\_\_\_ Permit # \_\_\_\_\_ 0000

Permit Approved:

Yes  No

Reviewed by:

Notified Contact Person:

Date:

Comments:

Vendor Permit Fee: \_\_\_\_\_

Sale Permit Fee: \_\_\_\_\_

Tent Permit Fee: \_\_\_\_\_

Sign Permit Fee: \_\_\_\_\_

**Total Fees:** \_\_\_\_\_