



City License No.: _____

Entered: _____

Approved/Denied By: _____

Approval/Denial Date: _____

Health Department Approval Date: _____

MOBILE FOOD VENDOR LICENSE APPLICATION

Annual License Fee: \$20.00 per unit

Receipt No.: _____

Business Name: _____ Number of Units Operating: _____

Principal Place of Business: _____

Applicant Name: _____ Telephone No.: _____

Social Security No.: _____ Date of Birth: _____ Driver's Lic. No.: _____

Applicant Address: _____
Street City State Zip

Mailing Address: _____
(If different from above) Street City State Zip

Brief description of food being sold: _____

Description and license or registration numbers of each vehicle from which sales will be made:

Signature of Applicant

Date