



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 (if known): \_\_\_\_\_

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

Email: \_\_\_\_\_

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