MOBILE FOOD VENDOR APPLICATION
CITY CODE 8- 603

Name of Business (dba) _____

Name of Applicant _____ _____
Corporation/Partnership/Sole Proprietor) **AREA CODE & PHONE NUMBER**

Mailing Address of Applicant _____
CITY **STATE** **ZIP**

DATE(S) OF SALE _____ _____ _____
START TIME **END TIME**

_____
ADDRESS WHERE SELLING
City to approve location and placement of mobile food truck(s) on private property or at City event.

_____ _____
CONTACT PERSON AT ABOVE LOCATION **AREA CODE/PHONE NUMBER**

_____ **ATTACH WRITTEN PERMISSION OF PROPERTY OWNER**

_____ **ATTACH MAP WHERE MOBILE FOOD VENDOR WILL BE SELLING**

_____ **ATTACH MENU OR DESCRIPTION OF ITEMS TO BE SOLD**

_____ _____
VEHICLE LICENSE TAG NUMBER **VEHICLE MAKE & MODEL**

_____ **COPY OF CERTIFICATE OF INSURANCE ON MOBILE FOOD TRUCK (GENERAL LIABILITY AND VEHICULAR INSURANCE)**

_____ **COPY OF OKLAHOMA STATE DEPARTMENT OF HEALTH PERMIT**

_____ **COPY OF OKLAHOMA SALES TAX PERMIT**

TO THE BEST OF MY KNOWLEDGE ALL INFORMATION IS TRUE AND CORRECT.

_____	_____
Applicant's Signature	**Date**
_____	_____
Witness	**Date**

CITY USE ONLY

_____	$	20.00	1 Day Permit
_____	$	30.00	30 Day Permit
_____	$	125.00	180 Day Permit

PERMIT ISSUED _____ YES _____ NO

_____	_____
City Clerk's Office	**Date**