

MOBILE FOOD VENDOR PERMIT APPLICATION

MOBILE FOOD VENDO	OR:			
Truck Name:				
Permanent Address:			State	ZIP
ocal Address:		City	State	ZIP
Company/Business Name:				
Phone:	Email	l:		
Food Handlers License Number:		Sales Tax ID Number:		
Type of Mobile Unit:				
(Please Cirlce One)	Food Truck	Concession Cart	Concession Tra	ailer
Year: Make):	Model:	Color:	
Signage Description:	•	Model:		
ANY CITY/STATE/COUN		A CRIME OTHER THAN A M	IINOR TRAFFIC OFF	ENSE IN
(IF THE PERMIT IS OB DECEPTIVE TRADE TH		REPRESENTATION IN THE REVOKED.)	E APPLICATION OR	BY
ARISE FROM A BUSINES	SS ACTIVITY WHICH	AGAINST YOU IN ANY STATE WOULD HAVE BEEN COVER WHERE SUCH JUDGEMENT	ED BY THIS SECTION	

REGULATIONS AND I SWEAR THAT THE I AND CORRECT. I ALSO UNDERSTAND, IF	ACKNOWLEDGE THAT I AM FAMILIAR WITH THE TERMS CE NO. 2023-05 AND ITS REQUIREMENTS AND NFORMATION CONTAINED IN THIS APPLICATION IS TRUE I DO NOT PROVIDE ALL INFORMATION AS STATED FOOD UNIT WITHIN THE CITY LIMITS OF COLDSPRING.
PRINTED NAME OF APPLICANT	-
SIGNATURE OF APPLICANT	DATE
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APPROVED: NOT APPROVED:	PERMIT #:
BY:	