



Date: _____

Food Truck Vendor License

Business Name: _____

Business Address: _____

Business Phone # _____ Email: _____

Owner Name: _____

Owner Address: _____

Vehicle License Plate # _____

Type of Food for Sale: _____

Requested Location(s): _____

Requested Dates: _____

Names of all persons who will be providing service under this license:

Fees: () \$20.00 Week Permit () \$100.00 Annual Permit

() \$25.00 Ice Cream Truck Annual Permit

-----Office Use Only-----

() Background/Fingerprinting

() Health Dept. Permits

() Vehicle Registration

() Vehicle Liability Ins.

() Copy of Owner Driver License

() Applicable Fee Paid

Lisa A. Kotter, City Administrator