



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

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Lisa A. Kotter, City Administrator