

## **Mobile Food Unit Application**

## **Business Information**

Business Name:	Date	:
Business Owner:	<u>.</u>	
Business Address:		
City:	State:	Zip:
Phone:	Email:	
	Operator Information	
Operator Name:	Operator DR Licen	se #
Operator Address:		
Phone:	Email:	)
Vehicle Information: Make:	Model: Color:	Year:
VIN #:	License Plate:	State:
☐ January 1	Fee is \$75.00 for six months	
ailure to obtain require	d permits may result in iss	suance of a citation.
I haraby cartify by my signature bal	<b>Authorization</b> ow that the information provided is true ar	nd correct to the best of my
	ty, County, State and Federal laws regardin	•
Owner/Agent Signature	Date	