



Permit Number: _____

Date: _____

MOBILE FOOD VENDING PERMIT APPLICATION

APPLICANT INFORMATION

Name: _____ Driver License (required) – ATTACH COPY

Address: _____

Email: _____

Phone Number: _____

Are you a disabled or honorably discharged Veteran?

YES (requires submission of official documentation) NO

BUSINESS INFORMATION

Business Name: _____

(Name that will be used on the vehicle to identify the business)

Address: _____

Please list all business owners. (Attach a separate sheet if necessary)

1. Business Owner Name _____ Driver License (required) – ATTACH COPY

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

2. Business Owner Name _____ Driver License (required) – ATTACH COPY

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

3. Business Owner Name _____ Driver License (required) – ATTACH COPY

Home Address _____ City _____ State _____ Zip _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

VEHICLE INFORMATION

Make: _____ Model: _____

Color: _____ License Plate Number: _____

Vehicle Length: _____ Vehicle Width: _____
(Limited to 36 feet length by 9 feet width)

SITE/PROPERTY DESCRIPTION/PROPERTY OWNER INFORMATION

Address where vending business will be conducted _____

Property Owner Name _____

Mailing Address _____ City _____ State _____ Zip _____

Email Address: _____ Phone # _____

Location of Food Truck (i.e. parking lot, vacant lot, etc...)?

If in parking lot: # of spaces on site _____ # of spaces used for food truck _____

If on vacant lot: Area (sq.ft) used for food truck use _____

Source of power and water; plan for disposal of wastewater and trash: _____

Proposed Hours of Operation: MONDAY _____ to _____
TUESDAY _____ to _____
WEDNESDAY _____ to _____
THURSDAY _____ to _____
FRIDAY _____ to _____
SATURDAY _____ to _____
SUNDAY _____ to _____

Brief Description of Product: _____

Description of preparation methods (grilling, frying, hot beverage, etc...)

AFFADAVIT (applicant and all listed business owners must sign this application)

The following is included with this application:

- Copy of front and back of Driver’s Licenses (for applicant and **all** business owners Noted on application).
- Copy of Tuscola County Health Department Food Service License and/or applicable Health Department license/permit.
- \$10 registration fee (payable to “Village of Millington”)
- Hold Harmless Agreement (if parking on public street or Village owned/controlled Property.)

- *I (We) hereby affirm that the above information is complete and correct to the best of my knowledge and belief.*
- *I (we) am authorized to submit this application.*
- *I (we) understand that annual renewal of the mobile food vending registration is required.*
- *I (we) further understand that by signing this application, I authorize Village staff, Millington Police Department and/or its representatives to conduct visits to the subject property and allow for reasonable access to the property.*
- *I further understand that once a registration has been approved, it may be revoked, suspended or not renewed by the Village for failure to comply with the provisions of the rules and regulations promulgated by the Village.*

1. Applicant/Owner Signature _____ Date _____

Print Name: _____

2. Applicant/Owner Signature _____ Date _____

Print Name: _____

3. Applicant/Owner Signature _____ Date _____

Print Name: _____

4. Applicant/Owner Signature _____ Date _____

Print Name: _____

5. Applicant/Owner Signature _____ Date _____

Print Name: _____