



# MOBILE FOOD VENDOR

Annual License Fee \$35.00

Business Name: \_\_\_\_\_

Vehicle/ Trailer Tag # \_\_\_\_\_

**Type of Food Vendor**

\_\_\_\_ Mobile Food Establishment      \_\_\_\_ Mobile Push Cart      \_\_\_\_ Mobile Retail Food Establishment

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Email address \_\_\_\_\_

**PARTNERSHIP INFO (IF APPLIES):**

Business Name of Partnership: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

Partner Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address, City, State & Zip: \_\_\_\_\_

**CORPORATION INFO (IF APPLIES):**

Please provide the name, telephone number and address of all principal officers.

Please provide the name, telephone number and address of all directors thereof.

**ALL APPLICANTS MUST RETURN APPLICATION WITH THE FOLLOWING ITEMS:**

- A valid copy of their Food Establishment License issued by the Oklahoma State Commissioner of Health.
- A valid copy of the mobile food vendor's Oklahoma Sales Tax Permit.
- Proof that the mobile food vendor has passed any required fire inspection within the previous twelve (12) months.
- A list of locations and duration of time that the mobile food vendor will operate during the license term

\* Applicant has a duty to update the City Clerk of any changes in or additions of location(s) and/or duration of time that the mobile food vendor will operate during the license term.

**I hereby agree all the information provided above is accurate to the best of my knowledge.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**For office use only**

OKLAHOMA STATE FOOD ESTABLISHMENT LICENSE # \_\_\_\_\_

Oklahoma Sales Tax Permit

Fire Inspection

List of locations

Staff Use for Review:      **Approved / Denied**

Code Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

City Clerk Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

License# \_\_\_\_\_

Amount & Type of Payment \_\_\_\_\_