



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 # _____		List of locations	<input type="checkbox"/>
Oklahoma Sales Tax Permit <input type="checkbox"/>	Fire Inspection <input type="checkbox"/> <small>(If required)</small>	Police Department- Background Check <input type="checkbox"/> <small>(If required)</small>	Passed / Failed Initials & Badge No. _____
Staff Use for Review: Approved / Denied			
Code Staff Signature _____	Date _____		
City Clerk Staff Signature _____	Date _____		
License# _____			
Amount & Type of Payment _____			