



# MOBILE FOOD VENDOR

## Type of Food Vendor

Mobile Food Truck  Mobile Pre-Packaged Food Sales  Fruit/Vegetable Stand  
 Snow Cone Stand  Coffee/Drink Stand

## Duration of License Request

Single Event (Date: \_\_\_\_\_) \$10.00  Six Month \$50.00  Annual \$75.00

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

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

## APPLICANT & EMPLOYEE INFORMATION:

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

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Employees Name, DOB and Phone #: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARTNERSHIP INFO IF APPLIES:

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

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

Date of Birth: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

\_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ 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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MUST RETURN APPLICATION WITH THE FOLLOWING ITEMS:

•With exception of growers applicants must provide a copy of valid license from the Oklahoma State Department of Health.

•All applicants must provide a copy of the Oklahoma Sales Tax Permit.

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

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

\_\_\_\_\_  
Date

POLICE DEPARTMENT APPROVAL Background check -- Passed/ Failed _____	
Staff Use for Review: _____	Approved / Denied _____
Code Staff Signature _____	Date _____
City Clerk Staff Signature _____	License# _____
Amount of Payment & Type of Payment _____	