



# 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 \$10.00  Six Month \$50.00  Annual \$75.00

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

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

### APPLICANT INFORMATION:

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

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

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

### 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

Staff Use for Review:	Approved / Denied	
Code Staff Signature _____		Date _____
City Clerk Staff Signature _____		License# _____
Amount of Payment & Type of Payment _____		