



# Food Truck Permit Application

**PERMIT VALID FOR CALENDAR YEAR ISSUED ONLY**

**FEE = \$250.00 PAYMENT MUST BE RECEIVED AT SUBMISSION OF APPLICATION**

**Property Information:** *(Please Print)*

Property Address: \_\_\_\_\_  
\_\_\_\_\_  
Tax Parcel Number: \_\_\_\_\_ Zoning District: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_  
Business at Property: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_  
Cell: \_\_\_\_\_ Email: \_\_\_\_\_  
Applicant Type: *(check one only)*  Property Owner  Existing Business Operator  Food Truck Operator

*your application will not be reviewed until all of the required information and associated payment has been provided*

**Required:**

Applicant Name: \_\_\_\_\_  
Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The following must contain the signature of an authorized rep of an existing "bricks and mortar" business OR the property owner.*

**1 of 2 Required:**

Existing Business at Property Operator Name: \_\_\_\_\_  
Existing Business at Property Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Property Owner Name: \_\_\_\_\_  
Property Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Food Truck 1:**

Name of Food Truck: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Vehicle License Number and Expiration Date: \_\_\_\_\_  
Requested Hours of Operation: \_\_\_\_\_  
Health Department Certificate #/Source: \_\_\_\_\_

**Food Truck 2:**

Name of Food Truck: \_\_\_\_\_  
Owner Name: \_\_\_\_\_  
Vehicle License Number and Expiration Date: \_\_\_\_\_  
Requested Hours of Operation: \_\_\_\_\_  
Health Department Certificate #/Source: \_\_\_\_\_

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**OFFICE USE ONLY**

Fire Marshal: \_\_\_\_\_ Date: \_\_\_\_\_

Zoning Officer: \_\_\_\_\_ Date: \_\_\_\_\_

***Every Food Truck Operator shall acquire and display a copy of the Permit for the Property during hours of operation.***