



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

FIRE MARSHAL APPROVAL _____	
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 _____	