

NON-REFUNDABLE

<u>FOR OFFICE USE ONLY</u>	
DATE RECEIVED:	_____
RECEIPT NUMBER:	_____
LICENSE NUMBER:	_____

NAME: _____ DRIVER LICENSE NO: _____

ADDRESS _____

HOUSE NUMBER	STREET NAME	CITY	STATE	ZIP
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TELEPHONE NO. _____ DATE OF BIRTH: _____

TEMPORARY ADDRESS (IF APPLICABLE): _____

AGE: _____ HEIGHT: _____ COLOR OF HAIR: _____ COLOR OF EYES: _____

NAME OF PERSON/FIRM/ASSOCIATION/CORPORATION/ FOOD TRUCK THAT ABOVE PERSON REPRESENTS:
 _____ TELEPHONE No.: _____

ADDRESS _____

HOUSE NUMBER	STREET NAME	CITY	STATE	ZIP
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EMAIL ADDRESS: _____

TEMPORARY ADDRESS & TELEPHONE No. WHERE BUSINESS IS TO BE CONDUCTED (IF APPLICABLE): _____

PHONE NUMBER

HOUSE NUMBER	STREET NAME	CITY	STATE	ZIP
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DESCRIPTION OF VEHICLE TO BE USED: MAKE: _____ MODEL: _____

VIN: _____ STATE & LICENSE No.: _____

MOST RECENT CITIES WHERE APPLICANT HAS CONDUCTED BUSINESS: (CITIES/VILLAGES/TOWNS)

1. _____

2. _____

3. _____

PLACE WHERE APPLICANT CAN BE CONTACTED FOR AT LEAST 7 DAYS AFTER LEAVING THE CITY:

STATEMENT AS TO WHETHER APPLICANT HAS BEEN CONVICTED OF ANY CRIME OR ORDINANCE VIOLATION RELATED TO APPLICANT'S BUSINESS WITH IN THE LAST 5 YEARS, AND THE NATURE OF THE OFFENSE AND PLACE OF CONVICTION:

ALL PLACES OF RESIDENCE FOR THE APPLICANT FOR THE PREVIOUS TWO YEARS:

Applicant's Signature

Each person working within the Food Truck needs a background check.
NO RENEWAL PAPERWORK IS SENT. YOU MUST REAPPLY EVERY YEAR.