

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

TELEPHONE NO. _____ DATE OF BIRTH: _____

TEMPORARY ADDRESS (IF APPLICABLE): _____

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

NAME OF PERSON/FIRM/ASSOCIATION/CORPORATION THAT ABOVE PERSON REPRESENTS:

_____ TELEPHONE No.: _____

ADDRESS _____
HOUSE NUMBER STREET NAME CITY STATE ZIP

EMAIL ADDRESS: _____

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

_____ HOUSE NUMBER STREET NAME CITY STATE ZIP

FOOD TRUCK NAME: _____

IS YOUR TRUCK LICENSED PROPERLY WITH STATE? _____

NATURE OF BUSINESS AND A BRIEF DESCRIPTION OF MERCHANDISE OR SERVES: _____

PROPOSED METHOD OF DELIVERY OF MERCHANDISE OR SERVICE: _____

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. _____

PROPOSED DATES OF EVENTS (IF NOT ONGOING):

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

NO RENEWAL PAPERWORK IS SENT. YOU MUST REAPPLY EVERY YEAR.