

**Mobile Vendor Permit Application**

<b>Permit Information</b> (for office use only)			Entry Date / /	
New Permit Number		Old Permit Number		
<b>All licensure inspections require a scheduled appointment. Call for an appointment at least 24 hours in advance.</b>				
<b>Business Information</b> (Please print clearly)				
Name		Address		
City	State	Zip Code	Phone ( ) -	
<b>Business Owner Information</b> (Permit Holder)				
Name		Address		
City	State	Zip Code	Phone ( ) -	
<b>Facility Where Cart / Truck is Cleaned and Serviced Information</b>				
Name		Address		
City	State	Zip Code	Phone ( ) -	
Cart/Truck Route Number				
<b>Mobile Truck Vendor Information</b>				
Vehicle License Plate Number		Vehicle Identification Number		
<b>Applicant Signature</b>		<b>Printed Name</b>		<b>Title</b>
				/ /
Signature denotes that a copy of the Mobile Vending Requirement Form has been received and will be followed				

<b>Applicant Must Complete Pages 1 and 2 of Application Prior to Approval</b>			
<b>Office Use Only</b>			
Risk Type		PHC Assigned	
Sanitarian Approval		Date / /	
Operator FSSMC number (Risk 3A only)			
Fee	Date Paid / /	Receipt Number	

<b>Business Information</b>		
<b>Business Name:</b>	<b>ID:</b>	<b>Date:</b> / /
Permit Number	Route Number	

