



Mobile Food Unit Application

Name of Business:

Sales Tax ID:

Business Address:

Business Phone Number:

Mailing Address (If Different):

Website:

Email:

Owner and Operator Information

Business Owner Name:

Gov. Issued ID Number:

Date of Birth:

Phone Number:

Owner Address:

Owner Email:

Certified Food Manager (CFM):

CFM Date of Birth:

Name of Operator:

Operator DL Number:

Address:

Phone Number:

Mobile Unit Information

Make:

Model:

Year:

Color:

License Plate:

State:

VIN:

Type of Food Served:

By signing below, I certify that the information provided on this application is true and correct. I furthermore understand that providing false or fictitious information will render this application invalid.

Signature:

Date:

Office Use Only

Permit #: