CITY OF STANWOOD

MOBILE FOOD VENDOR LICENSE APPLICATION

APPLICANT NAME:

ADDRESS:

PHONE NUMBER & EMAIL:

COMPANY NAME:

ADDRESS:

PHONE NUMBER & EMAIL:

LENGTH OF TIME FOR LICENSE:

MAKE/MODEL/YEAR OF MOBILE UNIT:

SPECIFIC LOCATION OF MOBILE UNIT:

ITEMS TO BE SOLD:

_____SIGNATURE OF APPLICANT_____DATE

___PROOF OF GEN LIABILITY INSURANCE CERTIFICATE

___COPY OF MOBILE FOOD TRUCK ORDINANCE

___COPY OF DRIVERS LICENSE

NON-TRANSFERABLE

___ APPROVED _____ DENIED