MOBILE FOOD SALES VEHICLE INFORMATION

Business Name ___________________________________________ Permit #__

The vehicle used for food sales is (please print):

Year ________________
Make ____________________________________________
Model ____________________________
Color ____________________________
License plate number ____________________________
State ____________________________
V.I.N. (vehicle identification number) ____________________________

Name of applicant ____________________________________________
Signature of applicant ____________________________________________

No foods may be sold from an unpermitted vehicle.
Please return this form with your health permit application.