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 unlicensed vehicle.
Please return this form with your health permit/city license application.