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.