

CITY OF BEULAH

MOBILE FOOD VENDOR LICENSE APPLICATION

\$10.00 Annual Fee Per Mobile Food Unit

The undersigned applicant states that the following information is true and correct: (PLEASE TYPE OR PRINT)

Applicant Name		Position:	
Name of all other persons associated with the business			
Name of Food Truck:			
Name of Business (if different than name of food truck):			
Primary Address: (Street Address)	City:	Zip Code:	Telephone Number:
Mailing Address:	City:	State:	Zip Code:

Type of License Requested: <input type="checkbox"/> Mobile Food Vendor <input type="checkbox"/> Other _____
1. Is Food Truck presently licensed by the North Dakota Department of Health? <input type="checkbox"/> Yes
License Number:
Expiration Date:
Date of last inspection and name of entity doing the inspection:
2. Is Food Truck presently licensed by the City under a different owner? <input type="checkbox"/> Yes <input type="checkbox"/> No if YES, give license number:
3. Does the person driving or transporting the mobile unit have a valid driver's license? <input type="checkbox"/> Yes (Please attach a copy of the license)
Issuing State or Province:
License Number:
List of all driving infractions within the past 12 months:
4. Is the Food Truck currently licensed with another city? <input type="checkbox"/> Yes (City name _____) <input type="checkbox"/> No
5. Intended beginning date of sales:
6. Is there a commissary agreement with a licensed food establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach copy of agreement)
7. Description of the food truck
License Plate Information:
Proof of Insurance coverage
Proof of fire and safety inspection
8. Proposed venues for food sales

SIGNED STATEMENTS

With my signature, I agree to indemnify, defend, and hold harmless the City of Beulah, its officers, agents, and employees from any claim and/or litigation for any mobile food vendor license issued pursuant to this application.

I further consent to inspection of the equipment and premises on which business is conducted or inventory is stored, related to the mobile food unit, at any reasonable time by a police officer, health official, or other agent of the City of Beulah or the State of North Dakota.

I further agree to adhere to all ordinances of the City of Beulah, statues of the State of North Dakota, and federal laws at all times in operating the mobile food unit. I understand that failue to do so can result in suspension or revocation of my license.

Signature _____

Date _____

State of _____)
)
County of _____)

Signature _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

Name of Notary Public:

My commission expires on:

(SEAL)