



Mobile Food Vending Unit License Application

INSTRUCTIONS

APPLICANT:

Submit the **completed** license application with the following **required** items:

- \$24.00 NON-REFUNDABLE application fee (cash, card, check or money order made payable to the "City of Troy")
- ACORD insurance form detailing insurance and naming the City of Troy as an additional insured for commercial, worker's compensation and auto (if auto applies) liability insurance (see attached samples)
- Copy of the Foodservice Establishment License issued by the State of MI (if required)
- Copy of the Oakland County health permit (if required)
- Roster of all designated persons to conduct mobile food vending (names will be printed on the license - see page 4 of application)
- Copies of the current government-issued photo identification of applicant and any designated person(s) proposed to conduct vending (all names will be printed on the license)
- Copy of the current vehicle registration(s) and proof of insurance for each proposed unit

Required to be on site of mobile food vending unit in addition to all licensing being prominently displayed and visible to customers at all times (the following does not need to be provided to the City Clerk's office)

- Written permission of the property owner to operate at that site (available upon request by the City of Troy)
- Authorization from the property owner(s) to utilize utilities
- Authorization from the event sponsor if operating as part of a City of Troy event

CITY CLERK'S OFFICE:

- Review accuracy of the completed application and attachments
- Process \$24 application fee payment; print receipt for the applicant; write receipt info on bottom of application
- Route application electronically to approving department(s) for approval/denial
- If approved, print license and contact applicant for payment of annual fee (\$100.00) upon issuance of license
- If denied, notify applicant

APPLICANT:

- Upon approval, the mobile food vending unit license fee **MUST** be paid at the City Clerk's Office **BEFORE** vending or operating food trucks may begin.

** The license fee, payable at the time of issuance, is **\$100.00** annually (**expires December 31 of each year**).



Mobile Food Vending Unit License Application

APPLICATION FEE \$24.00 LICENSE FEE \$100.00/year (expires December 31 annually)
(FEES ARE NON-REFUNDABLE)

Date _____

Full Name _____ Date of Birth _____

Other names used, if any _____

Phone # _____ Email _____

Home Address _____
Street City State Zip

Business Name _____

Business Address _____
Street City State Zip

Brief description of the food items to be sold _____

Will food be prepared in the mobile food vending unit using cooking appliances?

Yes No

If yes, provide a description of the cooking appliances _____

Driver License # _____ Issuing State _____

Description of vehicle to be used in the mobile food vending unit operation

Color _____ Year _____ Make _____ Model _____

License Plate # _____ Issuing State _____

Vehicle Identification Number (VIN) _____

Description of additional vehicle (if applies)

Color _____ Year _____ Make _____ Model _____

License Plate # _____ Issuing State _____

Vehicle Identification Number (VIN) _____

Description of additional vehicle (if applies)



CITY OF TROY | CITY CLERK'S OFFICE | 500 WEST BIG BEAVER | TROY, MI 48084
248.524.3316 | FAX: 248.524.1770 | E-MAIL: CLERK@TROYMI.GOV

Mobile Food Vending Unit License Application

Color _____ Year _____ Make _____ Model _____
License Plate # _____ Issuing State _____
Vehicle Identification Number (VIN) _____
(attach an additional sheet for additional vehicles if necessary)

Has applicant ever had a license for mobile vending of any kind denied, revoked or suspended?

Yes No

If yes, list date(s), jurisdiction(s), and reasons for the denial(s), revocation(s), or suspension(s)

Has applicant ever been arrested, convicted, or currently have pending criminal convictions for a violation of any federal, state, or local law involving fraud, theft, violence, indecency or controlled substances?

Yes No

If yes, detail the date(s) of arrest(s), conviction(s), pending conviction(s); the nature of the crime(s); and court or tribunal where the matter was or is being adjudicated.



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I, _____, hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection of this application.

I authorize the City, its agents and employees to seek information and conduct an investigation to verify the veracity of the information provided, including police records checks of all individuals listed on this application.

I further understand that the Troy Police Department will be conducting a basic background check which will include the following queries: a criminal history check, driving record check, and check for contacts with law enforcement. I duly authorize the Troy Police Department to conduct these queries. I understand that failure to authorize these queries will result in the rejection of my application. I understand that these queries will remain confidential and are not subject to release. I understand that the results of these inquiries remain the sole property of the Troy Police Department

Applicant Signature

Approval of this application is determined by the Police, Fire, Planning, and Purchasing Departments

For more information, please refer to the City of Troy Code of Ordinances:
Chapter 49 – Mobile Food Vending Units

Sample Additional Insured / Completed Operations Endorsement

POLICY NUMBER: 00-00-00-00

**COMMERCIAL GENERAL LIABILITY
CG 20 37 04 13**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – OWNERS, LESSEES OR
CONTRACTORS – COMPLETED OPERATIONS**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location And Description Of Completed Operations
AS REQUIRED BY CONTRACT	
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury" or "property damage" caused, in whole or in part, by "your work" at the location designated and described in the Schedule of this endorsement performed for that additional insured and included in the "products-completed operations hazard".

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations;

whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
PRIMARY AND NON-CONTRIBUTORY INSURANCE**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Effective Date: 00/00/00

Name of Person or Organization (Additional Insured):

The Member, all elected and appointed officials, all employees and volunteers, agents, all boards, commissions, and/or authorities and board members, including employees and volunteers

SECTION II - WHO IS AN INSURED is amended to include as an additional insured the person(s) or organization(s) shown in the endorsement Schedule, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" arising out of or relating to your negligence in the performance of "your work" for such person(s) or organization(s) that occurs on or after the effective date shown in the endorsement Schedule.

This insurance is primary to and non-contributory with any other insurance maintained by the person or organization (Additional Insured), except for loss resulting from the sole negligence of that person or organization.

This condition applies even if other valid and collectible insurance is available to the Additional Insured for a loss or "occurrence" we cover for this Additional Insured.

The Additional Insured's limits of insurance do not increase our limits of insurance, as described in **SECTION III - LIMITS OF INSURANCE.**

All other terms, conditions, and exclusions under the policy are applicable to this endorsement and remain unchanged.

Sample Cancellation Endorsement

**INTERLINE
ILD 90 07 03 11**

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

NOTICE OF CANCELLATION TO THIRD PARTY

This endorsement modifies insurance provided under the following:

BUSINESSOWNERS POLICY
COMMERCIAL AUTOMOBILE COVERAGE PART
COMMERCIAL GENERAL LIABILITY COVERAGE PART
COMMERCIAL INLAND MARINE COVERAGE PART
COMMERCIAL LIABILITY UMBRELLA COVERAGE PART
COMMERCIAL PROPERTY COVERAGE PART
CRIME AND FIDELITY COVERAGE PART
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE PART
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE PART
TRADEMAN'S ADVANTAGE CONTRACTORS' POLICY

SCHEDULE

Name of Person or Organization and Mailing Address	Number of Days Notice
Member Name	30

The following is added:

If we cancel this policy, we will endeavor to mail written notice of cancellation:

1. At least 10 days before the effective date of cancellation for nonpayment of premium; or
 2. The number of days shown in the Schedule before the effective date of cancellation for any other reason;
- to the person or organization shown in the Schedule above, but failure to do so shall impose no obligation or liability of any kind upon us.

We will mail the notice of cancellation to the mailing address shown in the Schedule above by regular mail.