

VILLAGE OF DWIGHT MOBILE FOOD PERMIT APPLICATION

Application information

Name: _____ Date: _____
 Last *First* *M.I.*

Address: _____ Phone: _____
 Street address *Apt/Unit #*
 _____ : _____
 City *State* *Zip Code* Email: _____

Mobile Food Vendor Name: _____

Vehicle or Trailer Description: _____

License Plate Number: _____

Food Type and/or beverages served: _____

Event/Parking of Mobile Truck: _____

Length of Mobile Food Permit:

1 day \$50 _____ 3 day \$125 _____ Annual \$500 _____

APPLICANT TO PROVIDE THE FOLLOWING:

- APPLICATION
- COPY OF DRIVERS LICENSE
- COPY OF VEHICLE REGISTRATION
- COPY OF INSURANCE POLICY
- COPY OF FOOD HANDLER'S CERTIFICATION
- COPY OF LICENSE BY COUNTY HEALTH DEPARTMENT
- PERMIT PAYMENT