



VILLAGE OF GRAND RAPIDS

MOBILE FOOD TRUCK PERMIT

APPLICATION

APPLICANT INFORMATION:

Name: _____
Phone Number: _____
Home Address: _____
Email: _____

NAME OF AGENT: (Please only complete if the individual on-site in Grand Rapids will be different than the applicant)

Name of Agent: _____
Phone Number: _____

FOOD TRUCK INFORMATION:

List of Products or Goods to be sold:

Location in Grand Rapids whereby vehicle will be parked:

VEHICLE INFORMATION:

Make of Vehicle: _____
License Number: _____
License State: _____
VIN: _____

MOBILE FOOD SERVICE LICENSE:

Has Applicant applied for and received a license from a Health Department in Ohio?

Y / N

I HEREBY CERTIFY that the information provided in this form is complete, true and correct to the best of my knowledge. FURTHER, I HEREBY ACKNOWLEDGE that I have read and understood the Village of Grand Rapids Food Truck Policy.

Signature

Print Name

Date



VILLAGE OF GRAND RAPIDS MOBILE FOOD TRUCK PERMIT

_____ Copy of license from a Health Department in Ohio.

_____ Copy of insurance policy on file with the Village of Grand Rapids (minimum liability of \$1,000,000)

_____ Payment received for permit.

Upon review of this application and confirmation of the foregoing statements, I hereby _____ approve or _____ deny the applicant as a Mobile Food Vendor to conduct business in the Village of Grand Rapids.

Village Administrator

Date

Permit Expires December 31, _____ (Calendar Year in which it was issued)

Please display in your Food Truck.