



MOBILE FOOD VEHICLE LICENSE APPLICATION
LICENSE FEE-\$25.00

249 NORTH MILLER ROAD, SAGINAW, MICHIGAN 48609 (989) 781-0150 FAX
(989) 781-0290 WWW.THOMASTWP.ORG

License No. _____ Amount Paid _____ Date Issued _____ Date Paid _____

Applicant's Name _____ Signature _____

Food Truck Name/Business _____

Business Address _____ City _____ State _____

Business Phone _____ Cell Phone _____

Email address _____

Mobile Food Vehicle Description:

Year _____ Make _____ Model _____ Color _____

Dimensions of Vehicle _____ Lighting Inside Y or N Lighting Outside Y or N

Location where business will be conducted (*site plan required*) _____

Location is: Public Property _____ Private Property (written permission of property owner required) _____

Hours of operation: _____ Day(s) of operation: _____

License is requested for _____ Dates: _____

Services needed (please mark accordingly):

Power needs: Self-contained _____ Public power _____ Water Supply _____ Wastewater _____

Preparation method of food products (attach menu) _____

Office Use Only:

Required:

- ____ Site Drawing
- ____ Health Department License/Permit
- ____ Insurance-General & vehicle \$1,000,000/Township listed additional insured with endorsement
- ____ Private property-need permission in writing
- ____ A copy of the menu
- ____ A photograph of the mobile food vehicle
- ____ License Fee of \$25.00 for public/private property placement
- ____ A copy of Mobile Food Vehicle Ordinance given to vendor.