Village of Kent City

Mobile Food Truck Application

Applicant Name: _____
First Middle Last

Business Name: _____

Business Address: _____
(Street, City, State, Zip)

Mailing Address: _____
(If different from Business Address)

Phone Number: _____ E-Mail: _____

Driver's License #: _____ D.O.B.: _____

Vehicle Plate #: _____

Vehicle Description: _____
Year Make Model

Brief Description of Product: _____

_____
**A copy of the menu along with all prices must be presented with the application

Please attach the following:

☐ Copies of license or permits issued by Kent County Health Department

☐ Copy of the menu and description of food and beverages offered

☐ Current certificates of insurance showing the applicant has no-fault automobile and commercial general liability insurance coverage for $1,000,000.00 per occurrence

☐ Check made to the Village of Kent City in the amount of $300.00

By signing below I represent and promise that:

1. To the best of my knowledge: the information in this application and attachments are true, accurate and complete, and the vehicle described above is road worthy;
2. I will operate my business to comply with all Village of Kent City laws, rules and regulations;
3. Any inaccuracy or failure to comply could result in immediate license suspension or revocation.

Office Use Only:
Application Accepted by: _____
Date Application Accepted: _____
Application: ____ Approved _____ Denied
Date of Approval: _____

_____ _____
Applicant's Signature Date