

FOOD TRUCK PERMIT APPLICATION

Application For: <u>Single-Event Permit</u>

Yearly Permit

(circle one)

LEASE: Single-Event Permit: \$25.00 Yearly Permit \$400.00

Single Event:
Event Name:
Date:
Hours of Operation:
Location Requested:
Location Assigned:
Yearly: Location Requested:
Location Assigned:(see diagram in file, along Court Square on S. Holland and E. Main Street only)
Hours of operation:
APPLICANT/FOOD TRUCK OWNER NAME:
NAME OF BUSINESS:
FOOD TRUCK NAME IDENTIFIER):

WEBSITE/FACEBOOK PAGE (IF APPLICABLE)				
ADDRESS:		CITY:	STATE:	
ZIP:	PHONE:	ALTERNATE PHONE:		
E-MAIL:				
GENERAL MI				
LIC. PLATE #	:			
IS THIS A TRA	AILER PULLED BY A	TRUCK? (YES OR N	NO)	
	NAME (If Different Fro			
ADDRESS:		CIT	Y: STATE:	
ZIP:	PHONE:	E-MAIL: _		
			D WITH ("COMMISSARY")	
OWNER OF R	RESTAURANT/COMM	ISSARY:		
OWNER OF R	ESTAURANT/COMM	ISSARY'S ADDRESS	:	
			/:	
STATE:	ZIP:	PHONE:		
E-MAIL:				

FOOD TRUCK HEALTH DEPARTMENT PERMIT #: _____

DATE OF ISSUANCE: _____ COUNTY OF ISSUANCE: _____

DATE OF EXPIRATION: _____

*Copy of Valid, Unexpired Health Department Permit is to be Attached Hereto.

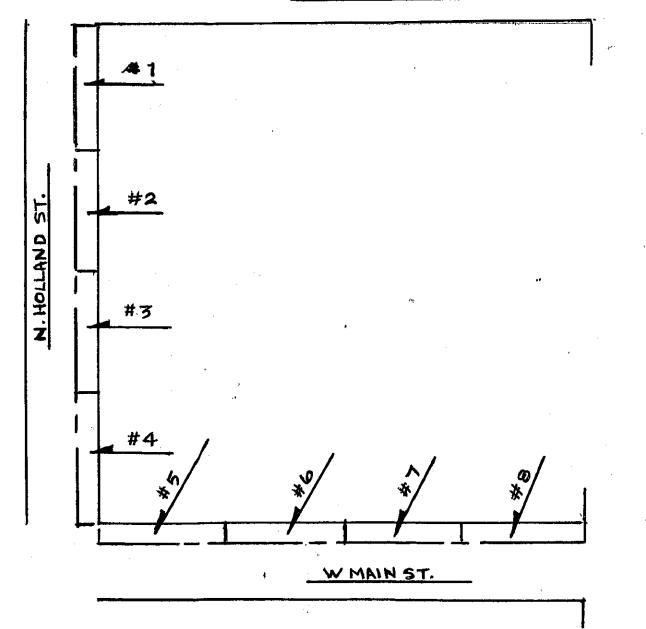
INSURANCE COMPANY PROVIDING LIABILITY COVERAGE TO FOOD TRUCK:

	POLICY #:
BROKER CONTACT INFO	D:
NAME:	PHONE #:
COVERAGE LIMITS:	•
*Copy of Valid, Unexpired 2 be Attached Hereto.	Liability Insurance Covering Food Truck and Operations is to
Signed:	
Applicant:	(printed name) Owner (if Not Applicant):
	For Town of Dallas Use Only:
Permit#	Issued to:
Effective Period:	
Permit Fee(s) Paid: _	

Lease Fee(s) Paid: _____

Approved:

Town Manager



W. TRADE ST.