## MOBILE FOOD VENDOR PERMIT APPLICATION

PART A IDENTIFICATION			
Name of Business			
Address of Business (if applicable)	City	State	Zip
Phone Number Email Address			
Name of Operator (required)		:	
Address	City	l State	Zip
Phone Number		Email Address	
PART B. DETAILS	•		
LOCATIONS OF OPERATION (Check all that apply)	PERMIT DURATION	Hours of Operation	Food Vending Method
☐ 5 <sup>TH</sup> St. Park ☐ 18 <sup>th</sup> St. Park ☐ Old Town Lake ☐ Town Hall P. Lot ☐ Private Property ☐ Other:	☐ One Week: \$ 25.00 ☐ 30 Days: \$ 50.00 ☐ 90 Days: \$120.00 ☐ One Year: \$240.00	From: to  List Dates:  •Prohibited hours of operation: 11:00 p.m. to 6:00a.m.	☐ Food Vending Pushcart ☐ Mobile Food Vehicle
PART C. REQUIREMENTS   Private Property Owner			
Phone Number Email Address			
0 Complete menu of food 0 Proof of Dubois County 0 Proof of Park Board App 0 Proof of insurance, if ap 0 Letter of approval If ope	Health Permit. proval, if park property.	Fown of Ferdinand.	
Owner's Certificate: I hereby certify that I as a Mobile Food Vendor shall abide by the provisions Municipal Code.  Applicant's Signature: X  Date:			
FOR OFFICE USE ONLY			
Approval: Approval Date: Permit.Number:			Number: