

## **TOWN OF ELIZABETH**

## **MOBILE FOOD TRUCK AND PUSHCART LICENSE APPLICATION**

(License is good for up to one year until December 31st of current year. Fee = \$50)

Name:			
Phone:			
Email:			
Address:			
City:			
Mailing Address if different:			
City:			
Driver's License Number:			State of Issuance:
Name of Business:			
Principal or Agent:			
If an agent, please provide name an			
Sales Tax Number:			
Sales Tax Exemption Number, if appthis application):		-	ertificate must be attached
Type of suppression and hood vent			
FMAC Certificate of Inspection (Fire			
List the food and beverage items you indicate that.	ou are proposing to se	ll. If you are a	
Initial the acknowledgements below			
I have current Elbert Coun		of which a co	opy is attached
	•		opy of the policy is attached
			business at the Gesin Lot or



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Running Creek Park without a separate License <i>i</i>	Agreement unless it is a special event. (ex	x: Friday
Night Markets)		
I will not operate my food truck or pus	hcart in a public right-of-way or on Towr	property
without first securing a letter of permission fron	n the Town.	
I understand that I must follow all setb	ack requirements found in the Municipal	Town
Code Chapter 16.		
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Signature	Printed Name	Date