

City of Vinton Food Truck Application



All applications expire on December 31 of each calendar year or if revoked.

Business Name	
Owner Name(s)	
Mailing Address	
City, State, Zip Code	
Owner #1 Phone Number	
Owner #2 Phone Number	
Emergency Phone Number	
Email Address	

Copies of the following paperwork must be attached to this application:

- Health department license
- Proof of insurance

Certification

- I certify that all information in this application and the required documents is true and correct to the best of my knowledge, and upon submittal becomes public record.
- I understand that any missing documentation may delay license approval.
- I further understand that should I commit a violation of the terms and conditions of this license, my license may be revoked.
- I agree that I will obtain any other permits necessary and will follow the guidelines and requirements set forth in Chapter 124 and on the list of requirements provided to me.

Applicant Signature _____ Date _____

Applicant Signature _____ Date _____

Date paid _____

Check

Credit Card

Permit Number _____