

# FOOD TRUCK PERMIT APPLICATION



## FOOD TRUCK OWNER

NAME:	PHONE:
MAILING ADDRESS:	EMAIL:

## FOOD TRUCK MANAGING OPERATOR

NAME:	<input type="checkbox"/> SAME AS OWNER	PHONE:
MAILING ADDRESS:		EMAIL:
DRIVERS LICENSE NUMBER:	EXPIRATION DATE:	BILLING CONTACT?:

## FOOD TRUCK INFORMATION

BUSINESS NAME:	TYPE OF FOOD SERVED:
TRUCK NAME:	LICENSE PLATE #:
TRUCK DESCRIPTION:	

## DISCLOSURE

HAS THE OWNER OR OPERATOR OF THE FOOD TRUCK EVER BEEN CONVICTED OF A FELONY? ☐ YES ☐ NO  
IF YES, LIST THE LOCATION(S) AND DATE(S) OF THE OFFENSE(S), AS WELL AS THE NATURE OF THE OFFENSE AND ANY PUNISHMENT OR PENALTY ASSESSED.

## APPLICATION TYPE

☐ NEW APPLICATION ☐ RENEWAL ☐ ADD ADDITIONAL EMPLOYEE ☐ CHANGE LOCATION

## ADDITIONAL DOCUMENTATION

PLEASE PROVIDE THE FOLLOWING ADDITIONAL DOCUMENTATION.

- ☐ GOVERNMENT ISSUED ID FOR THE OWNER, OPERATOR AND EACH EMPLOYEE OF THE FOOD TRUCK.
- ☐ PROOF OF LIABILITY INSURANCE IN THE AMOUNT OF ONE MILLION DOLLARS (\$1,000,000.00) LISTING CITY OF CRESCENT AS A NAMED INSURED.
- ☐ WRITTEN PERMISSION FROM THE LOCATION OWNER TO SETUP THE FOOD TRUCK ON THE PROPERTY. (BOTTOM OF THIS FORM.)
- ☐ COPY OF THE OKLAHOMA STATE HEALTH PERMIT.
- ☐ COPY OF THE OKLAHOMA STATE SALES TAX PERMIT OR CHARITABLE EXEMPTION.

## LOCATION OWNERS PERMISSION

I, THE UNDERSIGNED, AM THE PROPERTY OWNER (OR OWNERS REPRESENTATIVE), AND GIVE THIS APPLICANT PERMISSION TO SETUP THIS FOOD TRUCK AT THE FOLLOWING LOCATION FOR THE DATES AND TIMES LISTED BELOW.

LOCATION:	DATES / TIMES:
OWNERS NAME:	SIGNATURE

## NOTES

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_