

APPLICATION FOR  
**ANNUAL VENDOR TRUCK**

**Fee: \$75.00 Annually**  
**Licensing Year: May 1 – April 30**

The undersigned hereby submits the following information to support an application for a Vendor Truck License:

Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

A description of the operation including:

A. Operating locations, date, hours: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Merchandise, food, wares or services being sold: \_\_\_\_\_

C. Electricity requirements and how it will be provided: \_\_\_\_\_

D. Water/Sewer requirements and how they will be provided: \_\_\_\_\_

E. Garbage requirements and how it will be provided: \_\_\_\_\_

F. Bathroom facilities and how they will be provided: \_\_\_\_\_

Licensed by Health Department:  Yes  No

Additional Requirements: Site Plan, Copy of License from Heath Department

*I do hereby affirm that the above information is correct to the best of my knowledge.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

 **NOTE: Separate forms and fees are required if operating during Tulip Time**

RETURN COMPLETED FORM TO THE CITY CLERK'S OFFICE – 2<sup>nd</sup> FLOOR CITY HALL