

FOOD VENDOR APPLICATION

APPLICANT NAME: _____

ADDRESS: _____

BUSINESS NAME: _____

ADDRESS: _____

A LICENSE SHALL NOT BE ISSUED BY THE CITY CLERK UNLESS THE FOOD VENDOR SUPPLIES THE CITY CLERK WITH A COPY OF ONE AND ALL VALID LICENSES OR CETIFICATES REQUIRED BY THE COUNTY OF SAGINAW OR THE STATE OF MICHIGAN OR THE UNITED STATES PURSUANT TO A STATE OR FEDERAL STATUTE OR REGULATION.

(MARK "X" IN THE SQUARE FOR THE TYPE OF LICENSE DESIRED.)

FOOD VENDOR - INDIVIDUAL
\$17.00 PER YEAR

FOOD VENDOR - MOBILE RESTAURANT
\$17.00 PER YEAR

FOOD VENDOR - TEMPORARY FOOD SERVICE ESTABLISHMENT
\$17.00 PER YEAR

I HEREBY SWEAR OR AFFIRM THAT I AM FAMILIAR WITH THE TERMS OF THE CITY ORDINANCE RELATING TO THE OPERATION FOR WHICH THIS LICENSE APPLICATION IS MADE. I FURTHER CERTIFY THAT THE STATEMENTS I HAVE MADE IN THIS APPLICATION ARE TRUE AND CORRECT.

SIGNATURE OF APPLICANT

DATE

**IF APPLICANT IS UNDER 16 YEARS OF AGE THE FOLLOWING STATEMENT MUST BE COMPLETED BY A PARENT OR GUARDIAN.

I CONSENT TO THE ISSUANCE OF THE FOOD VENDOR LICENSE DESCRIBED ABOVE HEREIN TO THE ABOVE NAMED APPLICANT.

SIGNATURE OF PARENT OR GUARDIAN

DATE