

CITY OF SAGINAW
Food Vendor Application
\$17.00 fee
Must be approved prior to business operation



APPLICANT NAME _____			
MAILING ADDRESS _____	CITY _____	STATE _____	ZIP _____
BUSINESS NAME _____			
BUSINESS ADDRESS _____	CITY _____	STATE _____	ZIP _____
BUSINESS PHONE _____	HOME _____	CELL _____	
VENDING LOCATIONS _____			
SUPPLIER OF PRE-PACKAGED FOOD ITEMS _____			
DESCRIPTION OF NON PRE-PACKAGED FOOD ITEMS _____			

If selling non pre-packaged food items, attach a copy of the certificate issued by the Saginaw County Department of Agriculture, 989-758-3800. For hand-dipped ice cream, fingerprints must be obtained with the City of Saginaw Police Department prior to issuance of license.

Saginaw County Department of Agriculture approval is not required for pre-packaged food items.

Indicate the type of license desired:

- FOOD VENDOR- INDIVIDUAL
- FOOD VENDOR- MOBILE RESTAURANT
- FOOD VENDOR- TEMPORARY FOOD SERVICE ESTABLISHMENT

To renew your license, the application process must be repeated. Food Vendor licenses expire April 30th of each year.

I hereby swear that I am fully aware of the duties and obligations of persons engaged in the above named business and agree to comply with all Federal Laws, State laws, City Charter, City Ordinances, and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business. I do solemnly swear that the foregoing statements are true.

Applicant Name _____ Applicant Signature _____ Date: _____

State of Michigan, County of Saginaw

The foregoing instrument was acknowledged before me on _____, by _____.

Notary Public

My commission expires _____.

* 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

I hereby swear that I am fully aware of the duties and obligations of persons engaged in the above named business and agree to comply with all Federal Laws, State laws, City Charter, City Ordinances, and such rules and regulations as may now or hereafter be in effect, relating to the operation of said business. I do solemnly swear that the foregoing statements are true.

Applicant Name _____ Applicant Signature _____ Date: _____

State of Michigan, County of Saginaw

The foregoing instrument was acknowledged before me on _____, by _____.

Notary Public

My commission expires _____.