CITY OF SAGINAW
Food Vendor Application
$25.00 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 May 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 ____________________________.

__________________________________________  My commission expires _________________.

Notary Public
* 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 ______________________.

____________________________________________  My commission expires ________________.
Notary Public

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