



Blue Hill Mobile Vending Permit Application

Applicant / Business Information

Business name (d/b/a): _____

Mail Address: _____

Contact Person: _____

Phone: _____ Cell: _____

Email: _____

Sole Proprietor / Partnership Information (If Corporation, leave blank)

Name of Owner(s)	Date of Birth	Residence

Corporate / LLC / Non-Profit Organization Applicants (If Sole Proprietor or Partnership, leave blank)

Corporate Name	Corporate Mailing Address

Principal Officers / Title Date of Birth Residence

Principal Officers / Title	Date of Birth	Residence

About Your Mobile Vending Unit

Type of Food / Items to be Sold:	
Cart / Truck Storage Location at Night:	
Proposed Location:	
Dates of Operation:	
Month(s):	
Day(s):	
Time(s):	
Description of Cart / Truck:	
Method of Refuse Disposal:	

Documents / Exhibits

- ___ Photo of Unit from 2 Different Angles
- ___ Liability Insurance from (ACORD) \$500,000 minimum
- ___ Vehicle Registration for Cart or Truck
- ___ Copy of State Mobile Food License

Date of Public Hearing:	
Date of Approval:	
Select Board Signature / Date:	
Select Board Signature / Date:	
Select Board Signature / Date:	

Fee:	
Date Paid:	
Amount Paid:	
Date of Permit Expiration:	

Applicant, by signature below, agrees to abide by all laws, orders, ordinance, rules and regulations governing the above licensee and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted.

It is understood that this and any application(s) shall become public record and the applicant(s) hereby waive(s) any rights to privacy with respect thereto. I/We hereby authorize the release of any criminal history record information to the City Clerk’s Office or licensing authority. I/We hereby waive any rights to privacy with respect thereto.

Signature

Title

Date