

# City of Davison

200 E. Flint Street, Ste. 2, Davison MI 48423

## APPLICATION FOR MOBILE FOOD VENDING LICENSE

*Please contact the City Manager, Andrea Schroeder*

*With any questions at (810)653-2191*

*Visit our website at [www.cityofdavison.org](http://www.cityofdavison.org)*

### 1. APPLICANT

Name:

Address:

Email:

Phone Number(s):

### 2. BUSINESS

Name of Business:

Event Name (if applicable):

Date of Operation (if applicable):

Food Products Offered for Sale:

Description of Vending Unit:

Proposed Hours of Operation:

Intended Area of Operation:

Plans for Electrical Access, Wastewater, and Trash Disposal:

### 3. VENDING UNIT INFORMATION

Make of Vending Unit:

Model of Vending Unit:

Year of Vending Unit:

Vehicle Identification Number (VIN):

License Plate:

### 4. APPLICATION TYPE AND FEE

Please select one:

\$200 Annual License (January 1-December 31)

\$30 Single Day License

\$75 Three Consecutive Day License

### GENERAL APPLICATION REQUIREMENTS

Please confirm that the following items have been included with your application.

1. \_\_\_ If vending on City Property, certificate of general liability insurance with City as additional insured (\$1 million per occurrence)
2. \_\_\_ Copy of Health Department License
3. \_\_\_ Copy of State issued photo ID for all employees
4. \_\_\_ Copy of Michigan Sales Tax License
5. \_\_\_ Fee as outlined in Application

I have read and understand the rules and regulations for a mobile food vending unit (attached)

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

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

Date: \_\_\_\_\_

### TO BE COMPLETED BY CITY

Date Application and Fee Received:

Staff Initials:

Receipt #:

City Manager Signature:

Date:

APPROVED

DENIED

Explanation: \_\_\_\_\_