



## MOBILE VENDING LICENSE APPLICATION

Business Information	Trade (DBA) Name of Business				
	Taxpayer Name (Owner(s), Partner(s), or Corporation name)				
	Business Location Address		City	State	Zip
	Local Business Phone	Local Fax	Main Office Phone	Main Office Fax	
	Contact Email		Federal Identification Number		
	Contact Name		Sales Tax Number		
	Contact Phone Number	Contact Fax	Contact Cell Phone Number		

Vehicle Information	<input type="checkbox"/> Daily \$25.00 <input type="checkbox"/> 30 Day \$50.00 <input type="checkbox"/> Yearly \$100.00		
	If license is for one (1) day or thirty (30) days please provide the following		
	Address Where Selling	Property Owner Name	Contact Phone Number
	Attach written permission of property owner		Cell Phone
	Vehicle License Tag Number	Vehicle Make	Vehicle Model
	Copy of Certificate of Insurance on Mobile Food Truck (General Liability and Vehicular Insurance)		
	Copy of Oklahoma State Department of Health Permit		
	Copy of Oklahoma Sales Tax Permit		

Signature	Notice: This license will be revoked if this form and all the requirements for occupancy approval is not completed in the time specified by the Inspectors. I hereby certify that the above information is true and correct; that I am familiar with the zoning ordinances governing the Business use within the City of Yukon and will observe and conform in all respects to said ordinances. I declare under penalty of perjury, that this application has been examined by me; that the statements made herein are made in good faith and, to the best of my knowledge and belief, are true, correct and complete.		
	Applicants Signature	Printed Name	Date