



MOBILE FOOD VENDOR LICENSE APPLICATION

(PLEASE TYPE OR PRINT COMPLETE FORM CLEARLY)

CITY OF WALKER CLERKS OFFICE

4243 REMEMBRANCE RD.

WALKER, MI 49534

(P) 616 791-6878 (F) 616 791-6881

(PLEASE TYPE OR PRINT COMPLETE FORM CLEARLY)

APPLICANT INFORMATION

Name: _____ Phone Number: _____
(First, Middle & Last)

Address: _____ Email Address: _____
(Street, City, State, Zip)

BUSINESS INFORMATION

Business Name: _____ Name of Food Truck: _____

Business Type: Corporation Partnership Proprietorship LLC Other: _____

Website: _____ Business Phone Number: _____ Federal ID #: _____

Business Address: _____
(Street, City, State, Zip)

Mailing Address: _____
(if different from Business Address)

Address where MFV vehicle will be parked at night: _____

Description of the type of mobile food operation: _____

OWNER/PARTNER INFORMATION (All persons with 25% or more ownership interest must be listed. Attach additional pages if needed).

Name: _____ Email Address: _____

Home Address: _____ Driver's License #: _____

D.O.B. _____ Last 4 Digits of S.S. #: _____ Daytime Phone Number: _____

Name: _____ Email Address: _____

Home Address: _____ Driver's License #: _____

D.O.B. _____ Last 4 Digits of S.S. #: _____ Daytime Phone Number: _____

VEHICLE INFORMATION

Vehicle Description: Year: _____ Make: _____ Model: _____

License Plate: _____ VIN: _____ Color: _____

Vehicle Dimensions: _____
Height _____ Width _____ Length _____**List all additional operators of the vehicle:** (A copy of driver's license is required for everyone listed at time of application being submitted) Attach additional pages if needed.

Name: _____ Phone #: _____ Address: _____

Name: _____ Phone #: _____ Address: _____

Name: _____ Phone #: _____ Address: _____

I hereby affirm that I have truthfully completed this application and all additional information and attachments hereto to the best of my knowledge; that I have read Chapter 22 of the City of Walker City Code and all applicable Walker licensing ordinances; and that I agree to operate this business in accordance with all Federal, State and local laws, rules and regulations. I understand that failure to comply may result in immediate suspension or revocation/termination of my license.

Applicants Signature _____

Print Applicants Name _____

Date _____

Required at Time of Application Submission:

- License Payment of \$25. The license will expire on December 31st of the calendar year.
- Certificate of Insurance attached:
 - Lists the City of Walker as Additional Insured
 - Complies with the coverage requirements specified in Ch 22, Article VIII, Section 22-223 "Insurance Requirements".
- Copy of drivers' licenses of any individuals who will be operating the vehicle on public or private streets, drives, alleys, or other ways.
- A copy of the certificate of approval from the Walker Fire Department. Contact the Fire Department at 616-791-6840 to schedule an appointment with Fire Prevention.
- Copy of Kent County Health Department (KCHD) or State of Michigan license/permit

Licensee is required to coordinate with the property owner to make sure the City's Zoning Ordinance is being complied with. A Zoning Permit obtained by the property owner must accompany this license.

If the business or the person/principal of the business is a resident of the City, then both a Business License and Mobile Food Vendor License are required according to the city ordinance. According to Ch. 22, Article I, Section 22-2. Resident Mobile Food Vendors need to be licensed in accordance with this article as well as Article VIII.

FOR QUESTIONS: City Clerk's Office 616-791-6878**RETURN YOUR APPLICATION WITH REQUIRED DOCUMENTS TO:**

Walker City Clerk's Office
4243 Remembrance Road NW
Walker, MI 49534

FOR CLERK'S OFFICE USE ONLY

Applicant provided all required documentation(s): Approved Disapproved

Date Received: _____ Date Issued: _____ Receipt#: _____

City Clerk or designee _____

Date _____