

Mobile Food Unit Vendor Permit Application

\$150.00 per year
\$25.00 one time use
Permit Renewal Required Annually

GENERAL INFORMATION

Name of Business: _____

Mobile Food Unit Owner Information

Name: _____

Mailing Address: _____

Email: _____

Phone Number: _____

- State classification: (circle appropriate) Class I Class II Class III Class IV
 - Provide a copy of the State Health Inspection Certification
- Make/Model/Year of mobile food unit: _____
- County/State/License Plate Number: _____
- Length of mobile food unit: _____ Width of mobile food unit: _____
- Description of kitchen facilities, cooking facilities, preparation areas, and safety features (suppression system, etc.): _____

- Provide photos of mobile food unit and attach a copy of the menu with this application.

Applicant is responsible for obtainment of all state or federal approvals, permits, and licenses required. Permit shall be affixed to or always located within the mobile food unit that the mobile food unit is operating within the City of Cambridge. No application can be accepted for review unless all required information is submitted.

Applicant's Signature: _____ Date: _____

Print Name: _____

Staff Use:

THE MOBILE FOOD UNIT SUBJECT OF THIS APPLICATION HAS BEEN APPROVED FOR OPERATION WITHIN THE CITY OF CAMBRIDGE. OPERATION OF MOBILE FOOD UNIT SHALL BE IN ACCORDANCE WITH ALL REGULATIONS ESTABLISHED AND ANY OTHER RESITRCTIONS PLACED AS PART OF A MULTIPLE VENDOR PERMIT FOR A PROPERTY UPON WHICH THE TRUCK IS LOCATED.

By: _____ Date: _____
Clerk

Permit Number: _____ Permit is valid from _____ to _____.