

Request Number: _____
Annual Fee: To be determined
by City Staff pursuant to
Resolution NO. 21-17



301 East Main Street
Lowell, Michigan 49331
Phone (616) 897-8457
Fax (616) 897-4085

APPLICATION FOR MOBILE FOOD VENDING LICENSE

1. Applicant's Name: _____ Phone Number _____

Address: _____
Street City State Zip

Email Address _____ Driver license copy attached? (please check)

2. List of food products offered for sale: _____

3. Description of preparation methods: _____

4. Description of mobile food vending unit (size, type, etc.): _____

5. Proposed hours of operation: _____ Intended areas of operation: _____

6. Plans for electrical access: _____

7. Plans for wastewater and trash disposal: _____

8. In addition to the above information, please provide copies of all applicable licenses and/or permits issued by the Kent County Health Department; and proof of comprehensive liability insurance with limits of no less than \$1,000,000 combined single coverage which names the city as an additional insured.

- Health Department license/permit attached?
- Comprehensive liability insurance proof attached?

The facts presented above are true and correct to the best of my knowledge.

Signature: _____ Date: _____

Type or Print Your Name Here: _____

Application Fee \$ _____	Date Paid _____	Zoning Official Signature _____
Permit(s) Required (if any):	Building _____	Electrical _____ Mechanical _____
Lowell Area Fire and Emergency Services Authority Inspection: _____	Propane Inspection: _____	or N/A _____
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Comments _____	_____