



CITY OF BAY CITY, MICHIGAN

Mobile Food Vehicles

License Year _____

Applicant's Name _____

Food Truck Name/Business _____

Business Address _____

Business Phone: _____ Cell Phone: _____

E-mail address: _____

Mobile Food Vehicle Description:

Year _____ Make _____ Model _____

Dimensions of Vehicle _____

Location where business will be conducted (site plan required): _____
(If multiple locations, please submit an attachment with dates/locations)

Location is: _____ Public Property _____ Private Property (written permission of property owner required)

Hours of operation for each location listed _____

Services needed (please mark accordingly):

Power needs: Self-contained _____ Public power _____ (Vendor to contact Bay City Electric @ 989.894.8350 to verify electric service area(s) requested are available, service limitations, and applicable charges).

Water Supply _____ Wastewater _____

Preparation method of food products (attach menu) _____

License is requested for _____ Dates _____
(day or year)

Signature

STATE OF MICHIGAN)
) SS.
COUNTY OF BAY)

_____, being duly sworn, deposes and says that the foregoing application is made in accordance with the provisions of Chapters 30 and 82 of the Code of Ordinances of the City of Bay City and that all statements made in this application are true.

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, _____ County, Michigan
My Commission expires: _____

Required:

Site Drawing

Health Department license/permit

Insurance – General and vehicle \$1,000,000/City listed additional insured with endorsement

License Fees: \$75 for public/private property placement per year
\$25 for public/private property placement per day

Private Property permission – need in writing

Menu

AMOUNT PAID _____

LICENSE NO. _____

DATE ISSUED _____

DATE PAID _____