



I. APPLICANT

Applicant Name:	Mobile Phone Number
Name of Business:	Office/ Home Number
Mailing Address (include city, state, zip):	Email Address

FINANCIALLY RESPONSIBLE PARTY (Authorized Person)

Check if **Applicant** is the **Financially Responsible Party**- skip this section

Name:	Mobile Phone Number
Name of Business:	Office/ Home Number
Mailing Address (include city, state, zip):	Email Address

OWNERSHIP TYPE (Please check ONE)

Corporation Government Entity Partnership Other _____

Limited Liability Company Sole Proprietorship Limited Partnership

24-HOUR-CONTACT (Job Site Contact)

Check if **Applicant** is the **24 Hour Contact**- skip this section

Name:	Mobile Phone Number
Name of Business:	Office/ Home Number
Mailing Address (include city, state, zip):	Email Address

II. VENDING DESCRIPTION

Truck Cart Trailer Other _____

Desired Start Date	Dimensions of Truck, Cart or Trailer (L x W x in feet- footprint)	License Plate Number (if applicable)

Desired Location: _____

MOBILE UNIT DATA

If you own or operate more than one Mobile Food Cart please list each unit below along with the REQUIRED data

Mobile Unit	Make and Model	Location	Vehicle ID Number
1			
2			
3			
4			

FOOD SERVICE WORKERS – Please list the names of all employees that will operate the mobile food cart.

Name	Home Address	Phone Number

III. MENU ITEMS- Provide a short description about the menu items being vended from your mobile food cart.

AFFIDAVIT AND SIGNATURE

I have read carefully Article 332: The Mobile Food Cart Ordinance, and the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of this license/permit in the City of York. I understand that if I knowingly make any false statement herein I am subject to the possible revocation of any licenses as a result of my false application, and such other penalties as may be prescribed by law.

HOLD HARMLESS CLAUSE

I agree to indemnify and hold the City of York, its officers and employees harmless against all claims, or damage to property or injury to persons, including attorney's fees which may be occasioned by any activity carried on under this license. I certify that I have received a copy of and understand the City of York Mobile Cart Vendor Ordinance. I understand that this is a continuing application and that I have an affirmative duty to inform the City of York Health Officer of any change in the answers to these questions after this application and this Affidavit is signed.

Signature of Authorized Person

Date (MM/DD/YY)