



## City of Sullivan Vehicular Food Vendor License Application

Name and physical description of applicant: \_\_\_\_\_

Permanent home address: \_\_\_\_\_

Local address if operating from such an address: \_\_\_\_\_

Brief description of the business and of the goods to be sold: \_\_\_\_\_  
\_\_\_\_\_

Name and address of the employer, if any, including corporate ownership: \_\_\_\_\_  
\_\_\_\_\_

Length of time for which license is requested: \_\_\_\_\_

Type of vehicle, trailer or cart to be used in the dispensing of food products: \_\_\_\_\_

Make, model & year of vehicle: \_\_\_\_\_ Registration No.: \_\_\_\_\_

Registered owner(s): \_\_\_\_\_

Statement of the applicant's criminal record, DUI arrests and other non-minor traffic offenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last three (3) municipalities where the applicant carried on business immediately preceding the date of application to this municipality and the address from which such business was conducted in those municipalities:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Local phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Moultrie County Health Department License or permit number: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Please provide evidence that the agent is acting on behalf of the corporation he represents:

Approved by \_\_\_\_\_

Date \_\_\_\_\_