



LINCOLN CHARTER TOWNSHIP

MOBILE FOOD VENDOR LICENSE APPLICATION

Name of Mobile Food Vendor Business: _____

Applicant Name: _____

Address of Business: _____

Phone number: _____ Email: _____

Name of Employees: _____

Vehicle Information

Make: _____ Model: _____ Year: _____

Color: _____ License Plate #: _____

Owner of Vehicle: _____

Address: _____

Phone number: _____

Insurance Information

Company: _____ Policy #: _____

Expiration date: _____

Agent Name: _____ Agent Phone #: _____

I hear by authorize without reservation, any law enforcement agency, administrator, state agency, federal agency, institution, information service bureau, or employer contacted by Lincoln Charter Township to furnish the information included in this registration form. I further acknowledge that a faxed, emailed, or photographic copy of this document shall be as valid as the original.

I certify that the information provided herein is true and correct.

Signature of Applicant:

Date:

Additional Requirements

- License Fee of \$25.00
- Current Certificate of Liability insurance
- Copy of County Health Department Permit
- Copy of current vehicle registration (if applicable)
- Copy of Current vehicle insurance (if applicable)