

TOWN OF FRANKLINTON
FOOD TRUCK PERMIT APPLICATION

APPLICANT INFORMATION

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____

Property Address (Where food truck is to be stationed for event or duration of permitted time): _____

PROPERTY OWNER INFORMATION (If different from Applicant)

Name: _____ Phone: _____

E-mail Address: _____

Mailing Address: _____

FOOD TRUCK INFORMATION

Business Name: _____

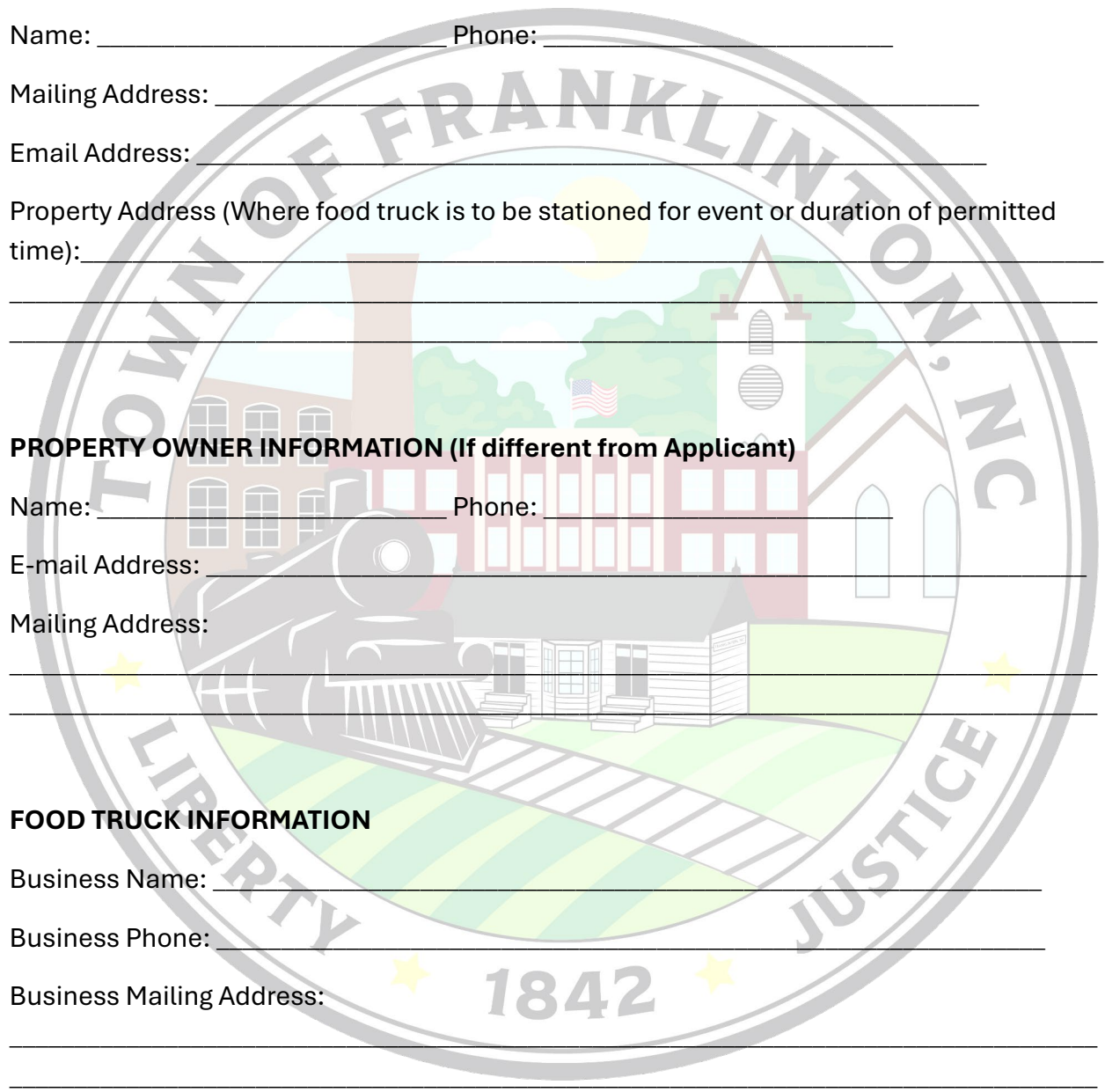
Business Phone: _____

Business Mailing Address: _____

Contact Person (if different than above): _____

Vehicle Make: _____ Model: _____

Vehicle Color: _____ License Plate#: _____



Description of items to be sold or services to be rendered:

Proposed Hours of Operation:

Proposed Days of Week:

Where will trash generated by the food truck be disposed of?

What Fire Suppression Systems will be in place on the food truck?

Will the food truck be kept on-site when not in use?

Where will the food truck get electricity (i.e. generator, extension cord, etc.)?

Will the food truck be connected to a water source?

DOCUMENTS PROVIDED

Have you provided a copy of your current health department permit? Yes No N/A

Have you provided a copy of your NC Sales & Use Certificate? Yes No N/A

Have you provided proof of your Liability Insurance Coverage? Yes No N/A

Have you provided a copy of your Dept of Agriculture Permit? Yes No N/A

Acknowledgement of Applicant

I certify that all of the statements made in this application and any attached documentation are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that false information may result in the rejection of this permit or subsequent revocation of this permit. I further certify that all conditions, restrictions, and regulations regarding the proposed use and any associated signage have been fully explained to me, and I acknowledge this information and agree to abide by all requirements.

Signature of Applicant: _____ Date: _____

Signature of Property Owner: _____ Date: _____

Internal Use Only

Approved Disapproved

Comments or Specific Conditions:

Duration of Permit:

Signature of Town Official: _____ Date: _____

