FOOD TRUCK PERMIT APPLICATION

Date:_____

All interested applicants must submit their full menu, pricing, & completed application. We will be responsible for the behavior of our staff and of the public, at all times. We will remove all debris on both days

This application and review are only for the City of Cool Valley permitting purposes. Please be aware of any additional covenants and restrictions that may be recorded within the City.

Food Truck Name:_____

Contact Name:_____ Event Applying For:_____

Address: _____

City: _____ State: _____ Zip Code: _____

Day Phone: _____ Alternate Phone:_____

Email: _____ Website:_____

Event Dates:_____ Hours:_____

Event Location:_____ Set Up Date& Time_____

X_____

Applicant's Signature and Date

(Do Not Write Below This Line)

Requirement:

1. Valid mobile food establishment permit issued by the St. Louis County Department of Public Health.
2. Valid Fire Safety Certificate.
3. Valid automobile insurance policy.
4. Approval Letter from property owner

PERMIT FEES:

Permit Fees: $ _____

Penalty fee: $_____

Other fee: $_____

TOTAL PERMIT FEE: $_____

Note_____

_____

_____

ISSUED BY:_____ **APPROVED:**_____