Reciprocal Based Mobile Food Truck Business Application

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Name of Business:						
Commercial Food Supply Source:						
Name:						
Commissary Address:						
<u>Truck/Trailer Description:</u> (Please describe each truck or trailer to be used in conducting business including, but not limited to, a description of any method to display food or products to be offered):						
Plate No: Truck/Trailer (Circle)						
Please describe the preparation methods and food product offered for sale:						
*(Note: If you have <u>additional</u> trucks/trailers, please include the information requested above for each truck/trailer on a separate sheet) <u>Items to include with your application</u> :						
☐ Salt Lake City Application for Business License						
 □ Copy of all necessary licenses or permits required by state or local health. ○ Current City Business License within the State of Utah. ○ Current Health Department Food Truck/Trailer Permit from local Health Department within the State of Utah. ○ Current approval of a City within the State, that shows the Food Truck/Trailer passed a Fire safety inspection in accordance to Subsection 11-55-104(4)(a). □ Where applicable, written permission for use of private property from property owner. 						
I, shall hold the city and its officers and employees						
harmless from any and all liability and shall indemnify the city and its officers and employees for any claims for damage to property or injury to persons arising from any activity carried on under the terms of this application.						
(Signature)						

Public Right of Way:

Mobile food trucks are allowed to operate in the public right-of-way only within the , M-1, M-2, D-1, D-2, D-3, D-4, G-MU zones. Go to the following link for a zoning map: http://www.slcgov.com/search?search=ZONING+MAP

SALT LAKE CITY CORPORATION APPLICATION FOR NEW BUSINESS AND REGULATORY LICENSE

451 South State Street #225 / PO Box 145458 • Salt Lake City, UT 84114-5458 Phone (801) 535-6644

ALL FEES ARE NON-REFUNDABLE

 $(Applications\ must\ be\ submitted\ \underline{no\ more}\ than\ 30\ days\ prior\ to\ your\ anticipated\ opening)$ $-ALL\ information\ must\ be\ completed-$

						Prev	rious ID:		
۸.	Name of Business								
	Has this name been regi Ownership Type:	☐ Corporatio	n	☐ Partnership	☐ Sole P	roprietorship			
	If Corporation or LLC, list	Corp. /LLC name	(You must o	attach a copy of Certifi	cate of Incorporation/LLC)				
3.	Business Location : _	(Street Number)		(Suite or Space #)	(City)		(State)	(Zip)	
	Business Phone						, ,		
	Business Mailing Addre	SSS:(Street Number)			(City)			(State)	(Zip)
					on and will be made ava	ilable for public	review.		
c. I	Primary Contact: (Lo	cal):			Phone 1:		Phone 2:		
	Primary Contact: (Lo								
	-	ll be the person conto	acted to arrang	ge your city inspec	ions. City inspections i	must be approv	<u>ved before a</u>		
	The primary contact wil	Il be the person conto	acted to arrang d in the event o	e your city inspect of an emergency an	ions. City inspections in the fire or Police need of	must be approv	ved before a ocation.	business i	icense will be
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Do you intend to use, store or dispense hazardous material in this facility? \square Yes \square No

G. Anticipated Business Start Date:		Number of Employees:				
F. Federal Tax Number:		State Sales Tax Number:				
This form is an application for a business licens. The actual license will be issued only when all Business License Office. Salt Lake City shall rand other business expenditures occurring before is a Class "B" misdemeanor and is subject to a	inspections are not be held res re the license a	e completed and signed off sponsible for delays in proceasing applicant receives final app	by the various City departments essing an incomplete application roval. <i>To open and/or operate</i>	s and approval is given by the a, or for property improvements		
I,	l and/or revoca	ation of this license and oth	er penalties as provided by law.	lance with all Salt Lake City codes also understand that to falsify any I/we also agree that the signature		
Authorized Signature			Date			
	BU\$	SINESS LICENSE USE OF	NLY			
City ID Number:		Accepted by	Date			
License Type: (Commercial OR Home Based)	Amount:					
Commercial Location	\$		<u>\$ 147.</u> 00			
Home Occupation	\$		\$			
Employees @ 21.00 ea X	\$		\$			
Freight Parking @ea X	\$		\$			
Disproportionate Fee:						
	\$		<u>\$ 94.00</u>			
Other applicable fees:						
MOBILE FOOD TRUCK/TRAILER	\$		\$			
	\$		\$			
	\$		\$			
	\$		\$			
		Total Due:	\$	Keep this Box Clear		