Reciprocal Mobile Food Truck/Trailer Business License Application

Name of Business:						
Commercial Food Supply Source:						
Name:						
Address:						
<u>Truck Description:</u> (Please describe each truck 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:						
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 on a separate sheet)						
Items to include with your application:						
☐ Salt Lake City Application for Business License						
$\ \square$ Copy of Driver's License per Salt Lake City Ordinance for Business License.						
☐ Current Business License Certificate from a City in Utah.☐ Current Fire Inspection						
☐ Current Health Certificate from a County in Utah.						
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 license.						
(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-2, D-2, D-2, D-2, D-2, D-2, D-2						

Apply online at slc.gov then email the documents to: business.license@slcgov.com

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 business.license@slcgov.com

ALL FEES ARE NON-REFUNDABLE

(Applications must be submitted <u>no more</u> than 30 days prior to your anticipated opening)
-ALL information must be completed-

				Previous ID:	
Name of Business					
Ownership Type:	stered with the State of Utah, Co Corporation Corp. /LLC name	☐ Partnership	☐ Sole Proprie		□ Home-Based □ LLC
Business Location: _	(Street Number)	(Suite or Space #)	(City)	(State)	(Zip)
	Fax Number		•	, ,	•
	SS:(Street Number)			(Sta	te) (Zip)
Please Note: The info	ormation provided above is consi	dered public information ar	d will be made available f	or public review.	
The primary contact will	cal): I be the person contacted to arr the person contacted in the eve	range your city inspections	. City inspections must b	e approved before a bu	
Information on: \Box	President General Pa	artner	oprietor	ficer	r
Name			_		
Name			_		
NameHome Address(Stree	et Number)	(City) er	Home Local Manager	Phone (State)	(Zip)
Name	et Number) Vice President Partne	(City) er	Home Local Manager	Phone (State)	(Zip)

Do you intend to use, store or dispense hazardous material in this facility? \square Yes \square No

G. Anticipated Business Start Date:		Number of	Number of Employees:			
F. Federal Tax Number:	State Sales	State Sales Tax Number:				
This form is an application for a business lice. The actual license will be issued only when all Business License Office. Salt Lake City shall and other business expenditures occurring bet is a Class "B" misdemeanor and is subject to	Il inspections and not be held restore the license	re completed and signed sponsible for delays in p applicant receives final	off by the various City department processing an incomplete application approval. <i>To open and/or operation</i>	nts and approval is given by the on, or for property improvements		
I,	al and/or revoc	ation of this license and	l other penalties as provided by la	ordance with all Salt Lake City codes e also understand that to falsify any w. I/we also agree that the signature		
Authorized Signature			Date			
	BU	SINESS LICENSE USI	E ONLY			
City ID Number:			Date			
<u>License Type:</u> (Commercial <u>OR</u> Home Based)	Amount:					
Commercial Location	\$		\$			
Home Occupation	\$		\$			
PKNYPNXYCKS @ea X	\$.\$			
Fxsishn Pxnkinex@ea X	\$		\$			
<u>Disproportionate Fee:</u> <u>Reciprocal Mobile Food Truck/Trailer</u> <u>Other applicable fees:</u>	\$		\$_103.00			
	\$					
	\$		\$			
	\$		\$			
	\$.\$			
		Total Due	103.00	Keep this Box Clear		