



FOOD TRUCK PERMIT APPLICATION

Application For: Single-Event Permit Yearly Permit (circle one)

LEASE: Single-Event Permit: \$25.00 Yearly Permit \$400.00

Single Event:

Event Name: _____

Date: _____

Hours of Operation: _____

Location Requested: _____

Location Assigned: _____

Yearly: Location Requested: _____

Location Assigned: _____ (see diagram in file, along Court Square on S. Holland and E. Main Street only) _____

Hours of operation: _____

APPLICANT/FOOD TRUCK OWNER NAME:

NAME OF BUSINESS:

FOOD TRUCK NAME

IDENTIFIER): _____

WEBSITE/FACEBOOK PAGE (IF APPLICABLE) _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP: _____ **PHONE:** _____ **ALTERNATE PHONE:** _____

E-MAIL: _____

GENERAL MENU:

LIC. PLATE #: _____

IS THIS A TRAILER PULLED BY A TRUCK? (YES OR NO) _____

OPERATOR NAME (If Different From Owner):

ADDRESS: _____ **CITY:** _____ **STATE:** _____

ZIP: _____ **PHONE:** _____ **E-MAIL:** _____

NAME OF RESTAURANT FOOD TRUCK IS AFFILIATED WITH ("COMMISSARY"):

OWNER OF RESTAURANT/COMMISSARY: _____

OWNER OF RESTAURANT/COMMISSARY'S ADDRESS:

_____ **CITY:** _____

STATE: _____ **ZIP:** _____ **PHONE:** _____

E-MAIL: _____

FOOD TRUCK HEALTH DEPARTMENT PERMIT #: _____

DATE OF ISSUANCE: _____ **COUNTY OF ISSUANCE:** _____

DATE OF EXPIRATION: _____

***Copy of Valid, Unexpired Health Department Permit is to be Attached Hereto.**

INSURANCE COMPANY PROVIDING LIABILITY COVERAGE TO FOOD TRUCK:

_____ **POLICY #:** _____

BROKER CONTACT INFO:

NAME: _____ **PHONE #:** _____

COVERAGE LIMITS: _____.

***Copy of Valid, Unexpired Liability Insurance Covering Food Truck and Operations is to be Attached Hereto.**

Signed: _____

Applicant: _____ **(printed name) Owner (if Not Applicant):** _____

For Town of Dallas Use Only:

Permit# _____ **Issued to:** _____

Effective Period: _____

Location Assigned: _____

Permit Fee(s) Paid: _____

Approved: _____ **Date:** _____

***Health Department Permit attached** _____ ***Insurance information attached** _____