



VILLAGE OF MONROEVILLE

Mobile Food Vendor Application

Applicant Information

Full Name: _____ Date of Birth: _____
Last First

Address: _____
Street Address Apartment/Unit #

City State Zip Code

Phone: _____ Email: _____

Make, model, year and current registration # of unit: _____
Name of mobile food unit: _____

Description of mobile food unit (include photograph): _____

Description of the nature of the business & goods or service to be sold: _____

Proposed location of unit: _____
Dates of operation: _____ Hours of operation: _____

Does the unit require electric? Yes ___ Amp required _____ No ___ Does the unit require water? Yes ___ No ___

I hereby agree that I have read and understand the Village of Monroeville rules and regulations regarding transient food vendors, and I agree to abide by these rules and regulations. I will comply with all Health Department codes and provisions as required.

Signature: _____ Date: _____

For Administrative Use

Please confirm that the following requirements have been met:

- Registration fee of \$100 paid (attach receipt) Electric Fee of \$ _____ paid n/a
- Certification from Monroeville Fire Dept Water fee of \$ _____ paid n/a
- Proof of insurance requirements _____

THIS SECTION FOR VILLAGE USE ONLY

Date rec'd _____ Rec'd by _____ Job title _____ Permit # _____
 Expiration date _____ Approved Denied Date of action _____
 Reason for denial _____