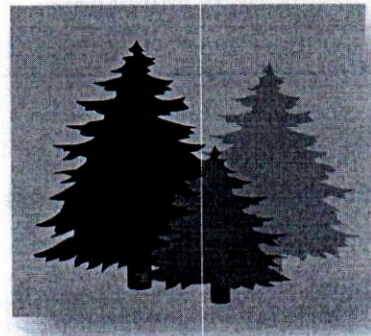


Town of Spruce

Food Truck Permit Application



Company Name _____

Truck or Trailer _____

Organization's Name _____

Address _____ City _____ State _____ Zip Code _____

Organization's Type _____ Organization's Tax ID _____

(Organization must include copy of Organization Registration and Copy of Tax ID, liability insurance)

Primary Responsible Contact _____ Phone Number _____

Email Address _____

Business Address _____ City _____

State _____ Zip code _____

Secondary Contact Person _____ Phone Number _____

Email Address _____

(List Multiple dates and location if applicable)

Location Dates & Times _____

Location Dates & Times _____

Location Dates & Times _____

Location Dates & Times _____

Description of Location Event

Do you have permission from property owner (s) For where Food Truck will be set up? ☐ Yes ☐ No

The following permits and licenses are required

Insurance Certificate: Provide a certificate of insurance coverage included in the application

Business License: Provide a copy of business license

Food Handlers Permit: Please provide copy(ies) of Food Handlers permit for each server.

Seller's Permit: Please provide copy of seller's permit.

Signature Area

Signature by Organization's primary contact _____

Board Approval Date _____

Approval by Chairman _____ Date _____