

***Additional Information:**

Use back of paper for additional space to answer the following:

1. No. of vehicles to be used: _____
2. Description of each vehicle: _____
3. License plate# of each vehicle: _____
4. Hours of operation: _____
5. Name/Address of each person operating vehicle: _____
6. What types of food, drink, are you selling? _____
7. Is everything prepackaged? _____

Have applicant, partners, associates or corporate officers ever been arrested, indicted, convicted or court marshaled for any violation of law? ___ Yes ___ No If yes, **State Particulars** and disposition on reverse side of this form.

Applicant, by signature below, agrees to abide by all laws, orders, ordinances, rules and regulations governing the above license applied for and further agrees that any misstatement of material fact may result in refusal of license or revocation if one has been granted.

Application Received by _____

Signature of Applicant _____

FOR TOWN OFFICE USE:

Date application received: _____ Date Paid _____

Date approved by Health Officer: _____

Date approved by Planning Director: _____

Date approved by the Town Clerk: _____

Date approved by the Police Chief: _____

Date approved by the Fire Chief: _____

Date approved by the Building Inspector: _____