



FOOD TRUCK LICENSE APPLICATION

License Fees: \$50 - 90-Day License ~ or ~ \$125 - 365-Day License

APPLICANT _____ DATE OF BIRTH _____
EMAIL _____ PHONE(S)# _____
SSN/STATE SALES TAX # _____ DRIVERS LIC #/STATE _____
LOCAL ADDRESS (Where you are staying if not from the area) _____
PERMANENT ADDRESS (Where you live) _____
VEHICLE TO BE USED _____
NAME ON VEHICLE REGISTRATION _____
HAS APPLICANT BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR? [] Yes* [] No
*IF YES, NATURE OF CONVICTION/VIOLATION _____
*PUNISHMENT, IF ANY _____

BUSINESS NAME _____ PHONE(S)# _____
BUSINESS ADDRESS _____
MANAGER/SUPERVISOR (Name): _____ PHONE(S)# _____
MANAGER/SUPERVISOR _____
CAPACITY IN WHICH MANAGER/SUPERVISOR WILL ACT _____
(Owner/On-site Supervisor, etc.)

TIME PERIOD(S) WHICH APPLICANT'S BUSINESS WILL BE CARRIED ON _____
(Example: Mon. thru Fri., from 5:00 pm - 9:00 pm)

NATURE OF BUSINESS AND GOODS TO BE SOLD/PRICING ETC. (can attach on separate sheet w/product documentation.)

PLEASE PROVIDE THE FOLLOWING WHEN SUBMITTING YOUR APPLICATION:

- PROOF OF CURRENT ALEXANDRIA OCCUPATIONAL LICENSE
- PHOTO ID (*Driver's License/Picture ID*)
- DESCRIPTION OF ANY VEHICLE (*Photos accepted*) PROPOSED TO BE USED IN BUSINESS, INCLUDING REGISTRATION NUMBER
- COPIES OF PRINTED ADVERTISING PROPOSED TO BE USED IN CONNECTION WITH APPLICANT'S BUSINESS
- IF APPLICABLE, CREDENTIALS FROM PERSON FOR WHICH THE APPLICANT PROPOSES TO DO BUSINESS AUTHORIZING THE APPLICANT TO ACT AS SUCH REPRESENTATIVE
- APPLICANTS WHO PROPOSE TO HANDLE FOODSTUFFS SHALL ALSO ATTACH A CURRENT HEALTH DEPARTMENT CERTIFICATE; AND IF FOOD IS COOKED OR PREPARED AT AN OFF-SITE FACILITY, SUCH AS AT HOME, A SEPARATE KITCHEN OR COMMISSARY, A SEPARATE HEALTH DEPARTMENT PERMIT SHALL BE SUBMITTED FOR THAT FACILITY.

I hereby give approval for a background check by the Alexandria Police Department, Kentucky State Police and/or Federal Bureau of Investigation.

Signature

Name Printed

Date

OFFICE USE ONLY

Approved _____ **Denied** _____ **Date Approved** _____

Fee \$ _____ **Date Paid** _____ **License Starts** _____ **Ends** _____

Received by _____ **Occ. License #** _____

Notes _____
