



FOOD TRUCK LICENSE APPLICATION

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

Form section containing fields for: APPLICANT, DATE OF BIRTH, EMAIL, PHONE(S)#, SSN/STATE SALES TAX #, DRIVERS LIC #/STATE, LOCAL ADDRESS, PERMANENT ADDRESS, VEHICLE TO BE USED, NAME ON VEHICLE REGISTRATION, HAS APPLICANT BEEN CONVICTED OF ANY CRIME OR MISDEMEANOR?, *IF YES, NATURE OF CONVICTION/VIOLATION, *PUNISHMENT, IF ANY

Form section containing fields for: BUSINESS NAME, PHONE(S)#, BUSINESS ADDRESS, MANAGER/SUPERVISOR (Name), PHONE(S)#, MANAGER/SUPERVISOR (Address), CAPACITY IN WHICH MANAGER/SUPERVISOR WILL ACT

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 _____		
