City of Alexandria
8236 West Main Street, Alexandria, KY 41001
PH: 859-635-4125 FAX: 859-635-4127

FOOD TRUCK LICENSE APPLICATION

Applicant/Owner _____ Phone # _____

Name of Food Truck _____

Mailing Address _____

Email _____

Food Truck Description _____
Year/Make/Model Color License Plate# State Issued

Name on Vehicle Registration _____

Permit Type:		
	☐ 1 Day	No Charge
	☐ 7 Day	$10.00
	☐ 90 Day	$50.00
	☐ 365 Day	$125.00

Food Truck Location & Date _____
This information is required for 1 Day permits

Please provide the following when submitting your application:

☐ **Proof of current occupational license for Alexandria** _____
Occupational License Number

☐ **Written consent of property owner where food truck will conduct business**

☐ **Photo ID**

_____ _____
Signature **Date**

_____
Printed Name

OFFICE USE ONLY

Approved _____ Denied _____ Date Approved _____

Fee $_____ Date Paid _____ License Starts _____ Ends _____

Received by _____ Occ. License # _____

Notes _____

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