

Food Truck Application

Business Name: _____

Agent/Lessee: _____ BTR License #: _____

Address: _____

Email: _____ Phone: _____

Hours of Operation: _____

Property Owner:

Name: _____

Email: _____ Phone: _____

Address where food truck(s) will be located _____

Parcel Number: _____

Short Term (less than 90 days) please provide dates _____

Long Term (over 90 days), check here _____

I CERTIFY THAT, to the best of my knowledge and belief, all information supplied with this application is true and accurate, and that

I am:

☐ Owner of the property described herein.

Signature: _____ Date: _____

Printed Name _____

☐ Business owner described herein.

Signature: _____ Date: _____

Printed Name _____

Disclosure: All licenses and certificates required by other State Agencies must be submitted to the town on an annual basis.

Registration checklist

- Property owner authorization shall be a notarized letter from the property owner of record or authorizing agent.
- Proof of ownership
- Florida Department of Business and Professional Regulations
- Florida Department of Health
- Florida Department of Agriculture and Consumer Services
- Site plan