



Mobile Food Business License Application

Type of Application

- New Application
- Change of Name
- Other _____

American Fork City
 51 East Main, American Fork, Utah 84003
 (801) 763-3000 • www.afcity.org

License #: _____

Print clearly or type an answer to every question. Incomplete applications will not be accepted. Application submittal is required prior to opening to avoid the \$50.00 penalty fee. All Federal and State numbers must be obtained before application and fee will be accepted. Mobile Food Business licenses expire on December 31st of each year.

SECTION 1: BUSINESS INFORMATION

Business Name:

DBA:

Business Address:

Mailing Address:

City:

State:

Zip:

Local Business Phone:

Corporate Business Phone:

Website:

Business Email:

SECTION 2: BUSINESS DESCRIPTION

Describe Your Business in Detail:

Total # of Food Trucks Used in the Business: _____

SECTION 3: FEDERAL AND STATE INFORMATION

To apply for a Federal EIN, go to <http://www.irs.gov/Businesses/Small-Businesses-&Self-Employed/How-to-Apply-for-an-EIN>. To register your business and receive a State Sales Tax Number, go to www.osbr.utah.gov (One Stop Business Registration). If you have additional questions regarding sales tax, contact the State Tax Commission at (801) 374-7070 or 150 East Center St., Ste. 1300, Provo, Utah.

Ownership Type: Corporation Partnership Proprietorship LLC DBA Non-Profit

State Sales Tax No:

Business Registration No:

Federal EIN:

Employer Withholding No:

State License Type: :

No.

Expires:

Federal License Type:

No.

Expires:

SECTION 4: OWNER/MANAGER INFORMATION

OWNER

Business Owner Name:

Phone No:

Home Address:

State:

Zip:

Email:

Driver's License No:

LOCAL MANAGER

Local Business Manager Name:

Phone No:

Home Address:

State:

Zip:

Email:

SECTION 5: FOOD TRUCK REQUIREMENTS

FOOD TRUCK #1

Description of Vehicle:

License Plate Number:

VIN:

Proof of Auto Insurance Yes (Please attach)

Safety Inspection Yes (Please attach)

County Health Certificate Yes (Please attach)

FOOD TRUCK #2

Description of Vehicle:

License Plate Number:

VIN:

Proof of Auto Insurance Yes (Please attach)

Safety Inspection Yes (Please attach)

County Health Certificate Yes (Please attach)

FOOD TRUCK #3

Description of Vehicle:

License Plate Number:

VIN:

Proof of Auto Insurance Yes (Please attach)

Safety Inspection Yes (Please attach)

County Health Certificate Yes (Please attach)

SECTION 6: REQUIRED INSURANCE

American Fork City requires all Mobile Food Businesses to carry insurance a) in an amount not less than \$200,000 for personal injury to each person, \$500,000 for each occurrence involving property damage; or b) a single limit policy of not less than \$500,000 covering all claims per occurrence. Such policies shall also include coverage of all motor vehicles used in connection with the applicant's business. Insurance certificate must also list American Fork City as additionally insured.

Proof of Insurance Yes (Please attach copy)

SECTION 7: FIRE INSPECTION

SIGNATURES MUST BE OBTAINED BEFORE APPLICATION WILL BE ACCEPTED-VALID 3 MONTHS FROM DATE SIGNED

Fire Inspection: (Call American Fork Fire Department at (801) 763-3045 to schedule an appointment)

Signature:

Date:

SECTION 8: MOBILE FOOD BUSINESS LICENSE FEES

New Mobile Food Business Application Fee \$200.00 \$ _____

Name Change/Replacement Fee (No inspections required) \$10.00 \$ _____

Penalty Fee (Include if business was in operation before business license was issued) \$50.00 \$ _____

TOTAL FEES: \$ _____

SECTION 9: APPLICANT AGREEMENT

I/we hereby agree to conduct said business strictly in accordance with all American Fork City codes governing such business, and swear under penalty of law that the information contained herein is true and correct. I/we also understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law. No business license shall be transferred from one person to another, nor from one location to another. I/we have read American Fork City Ordinance No. 2015-04-20, Regulations for Mobile Food Business, and certify that I am in compliance with the ordinance in operating a Mobile Food Business.

I/we agree to hold the City and its officers and employees harmless from any and all liability and shall indemnify the City and its officers and employees from any claims for damage to property or injury to persons arising from any activity carried on under the terms of the license.

Applicant Signature: _____ Date: _____

Applicant Printed Name: _____ Title: _____

For Office Use Only

Amt. Pd: _____ Date Pd: _____ Pmt. Type: Cash Check # _____ Credit Card Acc. by: _____ Rev. 9/15