



License No. _____

MOBILE FOOD UNIT LICENSE APPLICATION

This form must be completed for all new and change of ownerships and for any changes to business information. If the information on this application changes, the City is to be notified. **A final menu must be submitted with the application.** A picture ID is required to process the application (i.e. Driver's License, passport, etc.)

PLEASE PRINT LEGIBLY

1. BUSINESS INFORMATION

New Business	Name Change	Change in Ownership	Renewal of License
Name of Business			Est. Start Date
Corporation or LLC Name (if applicable)			TAX ID #
Type of Ownership			
Sole Proprietor	Partnership	Limited Liability Company (LLC)	Corporation
Owner's Name			Phone
Address	City	State	Zip Code
Mailing Address (if different from above)			Phone:
City		State	Zip Code
Business Contact Email			Business Website

3. BUSINESS DESCRIPTION

Type of Mobile Unit:	Cart	Mobile Unit (1/2 – 1 ½ ton)	Mobile Kitchen (1 ½ ton and over)
Foods to be Served:	Hot Dogs	Baked Goods	Coffee/Tea
	Hamburgers	Chicken	Deli
	BBQ	Mexican	Vegetarian
	Fish	Asian	American
	Prepacked Foods	Other _____	Breakfast
			Greek
			Pizza
			Italian

Do you prepare or serve potentially hazardous foods using any of the following methods? (check all that apply)

thaw frozen product	hot or cold holding
reheating for hot holding	cook to order
cook for hot holding	prepare quantities in advance
serve/sell only prepacked potentially hazardous foods	

4. LOCATION OF BUSINESS

Mobile Food Vendors may not park on State or City Right of Ways. Vendors may only park on property with the express written consent of the owner. If a vendor wishes to park on City Property, the Vendor must fill out the accompanying lot rental application.

Please list all areas you intend on parking your mobile unit.

_____	Owner permission attached	Yes	No
_____	Owner permission attached	Yes	No
_____	Owner permission attached	Yes	No
Is Vendor applying for parking on City property?	Yes	No	Is the application attached?
			Yes No

4. ANNUAL LICENSE FEE

Mobile Cart \$30.00	Mobile Unit (1/2 to 1 ½ ton) \$50.00	Mobile Kitchen (1 ½ ton and up) \$75.00
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5. WORKER'S COMPENSATION INSURANCE – CERTIFICATE OF LIABILITY

Please sign if you are exempt from carrying Worker's Compensation Insurance and provide the necessary affidavit.

Worker's Compensation Insurance Coverage Exemption Affidavit: I understand that under RSMo. 287.040 an employer is required to have Worker's Compensation Insurance unless determined to be exempt. I hereby certify and swear that this business **meets the State requirements to be exempted** from having Worker's Compensation Insurance. (please submit the proper Missouri Worker's Compensation Exempt Form)

Signature of Applicant _____

13. RESPONSIBLE PARTY CERTIFICATION (To be signed by the local manager or owner that is responsible for the operation of the business)
The individual signing this document must provide a copy of their current driver's license for identification.

I (the undersigned) have answered all questions on the application and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license, if already issued. I am authorized by the business to make application and certify the information on its behalf. I will notify the City if I leave the employment of the business being license or no longer function as it's Responsible Party. On behalf of the business, I acknowledge and agree to the following: **(Please initial each statement)**

- _____ Our business cannot commence operations in Waynesville or pull permits until a City Business license is issued.
- _____ Our business must carry Worker's Compensation Insurance unless exempted by State Law and provide the City with proof of Insurance or an Affidavit of Exemption.
- _____ I must notify the City Clerk of any change in Business name, address, ownership or responsible party.
- _____ I am responsible for maintaining a current and active business license if conducting business in Waynesville.
- _____ I agree to operate the business in accordance to all City ordinances and State Laws that affect our business operation.
- _____ I acknowledge by my signature below that I will accept responsibility for service of any citation issued by the City for any violations of the Waynesville Municipal Code by the business.

Responsible Party Signature _____	Date Signed
Printed Name _____	

OFFICE USE ONLY

Check all that apply:

Account No. _____

Copy of Driver's License

Criminal History Report

List of Company Vehicles

Additional Identification

Digital Copy of Picture

Proof of Insurance
(Business & Vehicle)

Background Completed: _____

Note any felonies or misdemeanors.

Indebtedness to the City? Yes No If yes, describe debt: _____

Previous Permit Revoked? Yes No If yes, describe: _____

Application Approved? Yes No If no, state reason: _____

Issuing Authority

Date