

CITY OF TAWAS CITY
2018 MOBILE FOOD VENDOR APPLICATION

CONTACT INFORMATION

Owner Name: _____

Name of Mobile Food Vendor (if different): _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Mobile Telephone #: _____ Email Address: _____

Business License #: _____ Expiration Date: _____

Vendor Website: _____

VENDING UNIT INFORMATION

IMPORTANT: UNITS MUST BE FULLY SELF-CONTAINED AND CANNOT RELY UPON ONSITE WATER

Do you need electricity? (220 RV receptacles available on site) Yes No

Type of Vending Unit: Truck Trailer Cart Display

Unit Size (Dimensions): _____

Make of Vending Unit: _____ Model: _____

VIN or Serial #: _____ Year: _____

Cooking method used (check all that applies):

Fryer Grill Griddle Broiler Other (List): _____

Type of Cooking Fuel Used: _____ Location on Unit: _____

How much fuel will be kept in the unit at maximum capacity? _____

Is there a cooking hood? Yes No Is there a suppression system? Yes No

Method and location for disposal of grease/cooking oil: _____

Method and location for disposal of grey/untreated water: _____

Vending time will be from 11:00 am to 7:00 pm and there will be only three (3) vendors allowed per week. While consideration will be given on a first come, first served basis, consideration will also be given to the types of food provided to encourage a variety of options for patrons. Please circle below which Wednesdays you're interested in vending. Since Independence Day falls on a Wednesday, there will be no limit to the number of vendors allowed, however, you must commit to vending at least three (3) other Wednesdays.

Please circle the dates you desire:

May 30 th	June 6 th	June 13 th	June 20 th	June 27 th
July 4 th	July 11 th	July 18 th	July 25 th	August 1 st
August 8 th	August 15 th	August 22 nd	August 29 th	

REQUIRED DOCUMENTS

Please attach copies of the following to this application:

- Special Transitory Food Unit License issued by the State of Michigan with proper notice given to the District Health Department #2. License #: _____
- Certificate of Insurance for not less than \$1 million per occurrence with the City of Tawas City as additionally insured
- Michigan Sales Tax License #: _____
- Photograph of the food vendor unit
- \$20 Application Fee
- Additional \$20 per week vendor fee or \$10 per week vendor fee if you sign up for a minimum of four (4) weeks. If you are a Tawas City taxpayer, the fee will be waived. Property Code # _____
- Copy of the menu and/or a list of food that will be sold

All vendors agree to the following regulations and must:

- ◆ Provide appropriate waste receptacles at the site of the unit and remove all litter, debris and other waste attributable to the vendor. Waste shall not be disposed of in City receptacles. Grey water and grease shall not be disposed of on or in City premises, City sanitary sewers or storm sewers.
- ◆ Comply with City ordinances.
- ◆ Display signs only at your assigned area.
- ◆ Comply with all federal, state, and county regulations.
- ◆ Food trucks are not allowed to be parked on City property beyond one hour before and one hour after scheduled hours for the event. (11am-7pm)
- ◆ Follow all other directions given by City staff and Police Officers.

The undersigned is a legal representative of the business first named in this application and agrees to abide by all rules, conditions, and requirements of the State of Michigan, the City of Tawas City, and the District Health Department # 2. The undersigned and his/her heirs and assigns agrees that any failure to abide by the rules set forth by the City of Tawas City in this document and any future document issued under this application may be grounds for cancellation of this application and the ability to provide vending on property owned by the City of Tawas City.

Applicant's Signature

Date

UPON FULL COMPLETION OF THIS DOCUMENT, PAYMENT OF ALL FEES, AND APPROVAL OF THE APPLICATION, THE VENDOR DATES APPROVED WILL BE SCHEDULED ON THE TAWAS CITY'S FOOD TRUCK SCHEDULE. VENDORS MUST SPECIFY DATES ON THIS APPLICATION PRIOR TO APPROVAL. APPLICATIONS ARE NOT TRANSFERRABLE.

FOR OFFICE USE ONLY

APPLICATION COMPLETE: YES NO

APPROVED: YES NO Signature: _____ DATE: _____

Approved for the following dates: _____

Application Fee \$ _____ Tawas City Taxpayer? Yes No

Vendor Fee \$ _____ X # Weeks _____ = Total \$ _____