

**CITY OF TAWAS CITY**  
**SHORELINE PARK AND GATEWAY PARK**  
**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 any day of the week provided there is no conflict with an event approved by the City of Tawas City. 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 specify below which days you are interested in vending.

Please specify the dates you desire:

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## 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 \$200 annual fee
- 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: \_\_\_\_\_

Annual Permit?  Yes  No or Weekly Vendor Fee \$ 20 X # Weeks \_\_\_\_\_ = Total \$ \_\_\_\_\_

Application Fee \$ 20 + Permit Fee \$ \_\_\_\_\_