



City of Laingsburg Mobile Food Vending License Application

Mobile Food Vending Application

Applicant Information

Business Name: _____ Date: _____

Name of Food Truck: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Applicant Name: _____

Is your business a licensed food service establishment based in the City of Laingsburg? YES NO

I have read and will abide by Article VII. Mobile Food Vending of the City of Laingsburg's Ordinance? YES NO

Please provide a copy of the following with this completed application.

Driver's License Health Department License General Comprehensive Liability Policy

Indemnity Agreement & Signature

I certify that the statements made above are true and complete to the best of my knowledge and that I and/or my employees will comply with all ordinances of the city of Laingsburg relative to the operation, services or act this license is requested; that the licensee shall indemnify and hold harmless the city of Laingsburg, its officers and employees for any claims, damages, or injuries to persons or property which arise out of any activity by the licensee, its employees, or agents carried on under terms of the license. The applicant acknowledges that the information contained herein may be subject to certain penalties which include, but are not limited to, suspension or revocation of my Mobile Food Vending License.

Signature: _____

Owner Name: _____ Date: _____

Office Use Only Below

Approval Zoning Administrator: _____ Date: _____

License Number: _____ Date Expired: _____