TOWN OF NEW MILFORD

Application for Food Vending Trucks

Property Owner/Applicant’s Name: ________________________________

(Include entity’s principal’s name, mailing and street address if Property Owner/Applicant is not an individual)

Vendor’s Host Business Name/Mailing and Street Address of Vending Property: ________________________________

(Include entity’s principal’s name, mailing and street address if Business is not an individual)

Owner/Applicant’s Phone # __________________________ Permit Length: 5 Days ______ One Month ______

The undersigned agrees to comply with the provisions of an Ordinance covering Food Vending Trucks, adopted in August, 2019, and understands that failure to comply will result in suspension or revocation of the Vendor’s Permit, issued pursuant to same. Also, it is agreed that the applicant is responsible for insuring that the Food Truck Vendor has all of the applicable permits and will provide a list of Food Trucks and dates they will be on their property to the Health Department.

Applicant’s Printed Name __________________________ Applicant’s Signature __________________________

Signature ______________________________________ Date __________________________

Chief of Police

Signature ______________________________________ Date __________________________

Fire Marshal

Signature ______________________________________ Date __________________________

Health Department

Signature ______________________________________ Date __________________________

Mayor

Permit Number _____________ Issued Date _____________ Permit Dates _____________

Amount Paid _____________ Check No. _____________ Maps & Photos _____________

For Official Use Only

Zoning _____________ Inland/Wetlands _____________ Tax Collector _____________ Building _____________

8/20/2019