



MOBILE FOOD VENDOR LICENSE APPLICATION

(PLEASE TYPE OR PRINT COMPLETE FORM CLEARLY)

CITY OF WALKER CLERKS OFFICE
4243 REMEMBRANCE RD.
WALKER, MI 49534
(P) 616 791-6878 (F) 616 791-6881

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APPLICANT INFORMATION

Name: _____ Phone Number: _____
(First, Middle & Last)

Address: _____ Email Address: _____
(Street, City, State, Zip)

BUSINESS INFORMATION

Business Name: _____ Name of Food Truck: _____

Business Type: Corporation Partnership Proprietorship LLC Other: _____

Website: _____ Business Phone Number: _____ Federal ID #: _____

Business Address: _____
(Street, City, State, Zip)

Mailing Address: _____
(if different from Business Address)

Address where MFV vehicle will be parked at night: _____

Description of the type of mobile food operation: _____

OWNER/PARTNER INFORMATION (All persons with 25% or more ownership interest must be listed. Attach additional pages if needed).

Name: _____ Email Address: _____

Home Address: _____ Driver's License #: _____

D.O.B. _____ Last 4 Digits of S.S. #: _____ Daytime Phone Number: _____

Name: _____ Email Address: _____

Home Address: _____ Driver's License #: _____

D.O.B. _____ Last 4 Digits of S.S. #: _____ Daytime Phone Number: _____

