



**Fee: \$50.00**  
 Annual License Period \_\_\_\_\_  
 License Expires: \_\_\_\_\_

## FOOD CART VENDOR PERMIT APPLICATION

| Section 1: Business Information  |   |            |              |                  |
|--|---|------------|--------------|------------------|
| Business Name  |   |            |              |                  |
| Business Address   |   |            |              |                  |
| City   |   | State      |              | Zip              |
| Business Phone   |   |            |              |                  |
| Business Type  | (Check one)                             | Individual | Partnership  | Corporation      |
| Section 2: Applicant Information   |   |            |              |                  |
| Name   |   |            |              |                  |
| Home Address   |   |            |              |                  |
| City   |   | State      |              | Zip              |
| Phone  |   |            |              |                  |
| Date of Birth  |   |            |              |                  |
| Section 3: Insurance Information   |   |            |              |                  |
| Liability Insurance Carrier  |   |            |              |                  |
| Policy #   | (Not Less Than \$2,000,000 In Coverage) |            |              |                  |
| <b>Please Note: The City of Millersburg must be named as an Additional Insured &amp; a copy of the Certificate of Liability Insurance must be submitted to City Hall with the Food Cart Vendor Permit Application.</b> |   |            |              |                  |
| Section 4: Type of Food Cart Unit Information  |   |            |              |                  |
| Item(s) to be sold   |   |            |              |                  |
| Type of Direct Sales   | (Check one)                             | Cart       | Stand        | Trailer          |
| Description of Cart, Stand, Trailer  |   |            |              |                  |
| <b>Please Note: Attach a photo of Mobile Food Cart</b>   |   |            |              |                  |
| List License Plate No. & Registration Information of any vehicle to be used:   |   |            |              |                  |
| Location(s) Where Selling  | (Check All That Apply)                  | Sidewalk   | Right-of-way | Private Property |
| List Specified Location(s) Where Requesting to Sell: Street Address, Days of Week at Location, Times for Location  |   |            |              |                  |
|  |   |            |              |                  |
|  |   |            |              |                  |
|  |   |            |              |                  |
|  |   |            |              |                  |

**READ CAREFULLY BEFORE SIGNING**

I declare, under penalty of perjury, that the statements in this application, and all attachments to and documents submitted with this application, are true, correct and complete to the best of my knowledge. I understand and acknowledge that any information contained herein or submitted as a part of this application that is found to be false or misleading may result in this application being denied, or any license granted pursuant to this application, suspended or revoked, in addition to possible filing of applicable criminal charges.

|                         |       |
|-------------------------|-------|
| Signature of Applicant: | Date: |
|-------------------------|-------|

**Application Attachments:**

- Site plan if location is on private property showing the location of all existing and proposed structures, access, equipment and parking.
- Authorization to Utilize Property (if on private property).
- Photo of Food Cart Unit (Truck, Cart, Trailer, etc.).
- Certificate of Liability Insurance: City of Millersburg named as additional insured and certificate holder and not less than \$2,000,000 per occurrence in Coverage.
- Oregon Seller’s Permit.

**Applications should be submitted to:**

City of Millersburg  
 4222 NE Old Salem Road  
 Albany, OR 97321  
 Phone: (458) 233-6300

**Office Use Only**

|                              |        |                      |  |          |        |
|------------------------------|--------|----------------------|--|----------|--------|
| Date Received:               |        | Permit #:            |  |          |        |
| Date Processed:              |        | License #            |  |          |        |
| Date of City Council Action: |        | City Council Action: | <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Approved</td> <td style="width: 50%; text-align: center;">Denied</td> </tr> </table> | Approved | Denied |
| Approved                     | Denied |                      |  |          |        |