

**BUSINESS INFORMATION:**

Name of Business: \_\_\_\_\_ dba: \_\_\_\_\_

Originally Licensed in the City of: \_\_\_\_\_ Original License expires on: \_\_\_\_\_

Fire Inspection expires on: \_\_\_\_\_ Health Department Permit expires on: \_\_\_\_\_

***Please Note: Health Permit must be issued from the Weber Morgan Health Department*****APPLICANT CONTACT INFORMATION:**

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Food Truck Vehicle License Plate Number: \_\_\_\_\_

Email: \_\_\_\_\_

**REVIEW AND INITIAL THE FOLLOWING:**

I understand that it is my responsibility to submit proof of my original business license, passed fire inspection, Weber Morgan health permit, and pay annual review fee, **prior to** the original license expiration date every year I wish to conduct business in Riverdale City: \_\_\_\_\_

I understand that this form does not grant permission to attend and/or participate in special events, which is subject to a different approval process: \_\_\_\_\_

I understand that it is my responsibility to contact the city with any questions relating to the Riverdale City Code: \_\_\_\_\_

I understand that I must acquire the permission of the private property owner prior to selling anything on private property: \_\_\_\_\_

I understand that I may not sell anything on public property, unless in conjunction with a city sponsored event or an approved special event: \_\_\_\_\_

I DECLARE THAT THE INFORMATION SET FORTH HEREIN (AND ATTACHED) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT TO FALSIFY ANY INFORMATION ON THIS FORM MAY RESULT IN LEGAL ACTION. THIS LICENSE IS NONTRANSFERABLE.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Business License Number: \_\_\_\_\_

Application Reviewed &amp; Approved by: \_\_\_\_\_

Reciprocity Fee: \$50