



Town of Portland, Connecticut

33 East Main Street (P.O. Box 71), Portland CT 06480-0071

860-342-6715 | www.portlandct.org

Fees are subject to change

APPLICATION FOR MOBILE FOOD TRUCK VENDING PERMIT

***FEE: \$120 Annual; \$60 Six Months; \$15 One Month or Less**

SECTION A. COMPANY INFORMATION

All companies must be sufficiently insured, and licensed or authorized to conduct business in Connecticut.

Company Name: _____

Company Address: _____

City: _____ State & ZIP: _____

Telephone Number: _____ Website: _____

CONNECTICUT SALES TAX NUMBER (C.G.S. 12-409) _____

Type of Concession: Food Non-Food

Products or merchandise for sale: _____

Valid Food Service License Issued by Chatham Health District: _____

Location of vending: _____

Date(s) of vending/event: _____

Name of sponsoring business/organization: _____

SECTION B. APPLICANT INFORMATION (this will be the main contact)

Applicant Name: _____

Applicant Home Address: _____

City: _____ State & ZIP: _____

Telephone Number: _____ Email: _____

SECTION C. DESCRIPTION OF APPLICANT

Date of Birth:	Height:	Weight:
Place of Birth:	Eye Color:	Hair Color:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	SSN:

1) Have you ever been convicted for committing any crime other than motor vehicle charges? Yes No

2) Have you ever been refused a permit for this type of business? Yes No

SECTION D. DESCRIPTION OF VEHICLE TO BE USED:

Make:	Year:	License Plate #:
Model:	Color:	Registration # and State:

SECTION E. CERTIFICATION

I hereby certify that the statements made in this application are true and complete to the best of my knowledge, and that I am authorized to execute this application. Intentional omissions or falsification of information is sufficient grounds for denial of the application and subsequent revocation of the permit. I understand that all transactions in the course of the event are subject to any applicable sales tax. I agree to indemnify the Town of Portland and its respective officers, agents, and employees from any and all losses, claims, liabilities, damages, costs, and expenses, including reasonable attorney's fees and courts costs, resulting from the conduct of the applicant, sponsor or promoter, their employees or agents.

Signature of Authorized Agent of Applicant: _____

Date: _____ Print Name: _____

SECTION F. ADDITIONAL STAFF:

Name:		Address, City, State, Zip:	
Place of Birth:		Date of Birth:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	
1) Have you ever been convicted for committing any crime other than motor vehicle charges? <input type="checkbox"/> YES <input type="checkbox"/> NO		2) Have you ever been refused a permit for this type of business? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name:		Address, City, State, Zip:	
Place of Birth:		Date of Birth:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	
1) Have you ever been convicted for committing any crime other than motor vehicle charges? <input type="checkbox"/> YES <input type="checkbox"/> NO		2) Have you ever been refused a permit for this type of business? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Name:		Address, City, State, Zip:	
Place of Birth:		Date of Birth:	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male	Race:	Height:	Weight:
Hair Color:	Eye Color:	Social Security No.	
1) Have you ever been convicted for committing any crime other than motor vehicle charges? <input type="checkbox"/> YES <input type="checkbox"/> NO		2) Have you ever been refused a permit for this type of business? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DO NOT WRITE BELOW - FOR OFFICE USE ONLY!

PROOF OF HEALTH DEPARTMENT APPROVAL:

DATE:	<i>Signature of Chatham Health District Sanitarian indicates compliance</i>
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PROOF OF ZONING APPROVAL:

Not applicable

DATE:	ZEO check here if location is exempt <input type="checkbox"/>	<i>Signature of Zoning Enforcement Officer indicates compliance</i>
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APPLICATION STATUS:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	First Selectman/Chief of Police	Date:
Permit #	Issued Date:	Payment Method: