

# 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**

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**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** \_\_\_\_\_