

Instructions

Mobile Unit Food Service Facility License Application

Mobile Unit's Name: Indicate name of business that will be placed on the outside of the vehicle/cart.

Business Owner Mailing Address and E-mail: Should be legal tax name, if you are incorporated put name of corporation.

Vehicle Storage Address: Indicate where vehicle/cart/trailer will be parked during non-business hours.

Depot Location: Indicate location where food and other supplies are stored, potable water is obtained and where washing is conducted.

Make, Model #, Color, Year: Indicate vehicle(s) manufacturer's name, model (model #s if applicable), color and year of vehicle/cart/trailer.

License Number: Indicate State and license plate number.

Serial Number (VIN): Indicate vehicle identification number located on your vehicle registration card and on dashboard of vehicle.

Special Markings: Any extraneous names or numbers besides mobile unit name outside of vehicle.

Menu: Indicate types of food served on mobile unit.

Refrigeration: Electrical refrigerator/freezer or ice.

Route or Location: Indicate in what area you will be operating or specific location.

Unit Movement: Indicate whether you move unit on a daily basis.

Federal ID#: Indicate number issued to business owner by Internal Revenue Service.

Seasonal Operation: Indicate yes or no. If yes, indicate months of the year you will be operating.

NOTE: Please sign and date application. Below signature line, please print applicant's name, address and phone number.

MAKE CHECKS PAYABLE TO CONTROLLER ANNE ARUNDEL COUNTY.

Send or bring this application, Proof of Workmen's Compensation Insurance (or a Certificate of Eligibility) and application fee (\$395.00) to the address located at the top of the application.

PLEASE NOTE: LICENSE EXPIRES ON FEBRUARY 28 OF EACH YEAR.

