



TOWN OF MILLVILLE
 36404 Club House Road, Millville, DE 19967
 TEL (302) 539-0449
www.millville.delaware.gov

Event/Vendor Permit No. _____

MOBILE FOOD VENDOR PERMIT APPLICATION

TODAY'S DATE: _____

Mobile Food Vendor permit is \$15.00 per day, per event

Name of Vendor: _____

Mobile Tag No.: _____ State: _____ VIN: _____ Federal Tax ID: _____

Owner/Corporation Name: _____ Telephone No.: _____

Address of Owner/Corporation: _____

When requesting a Mobile Food Vendor Permit, the following documentation must be attached to this application:

- Your current State of Delaware Mobile Food License;
- Proof of current and satisfactory compliance with the Delaware Department of Public Health Food Establishment Permit;
- Copy of current registration for the motor vehicle;
- Copy of current owner's driver's license;
- A map of the designated location, including any associated furniture (that may be allowed so long as it is located within ten (10) feet of the mobile food vendor and does not impede pedestrian or vehicular traffic);
- Certificate of General Commercial Liability Insurance with a minimum coverage amount of \$100,000.00 and names the Town as an "additional insured."

I hereby certify that the above information and attachments are accurate and complete:

 Signature of Owner or Agent

 Printed Name

____ (Initial) I/We will comply with the applicable provisions of Chapter 90 of the Town of Millville Code entitled "Licenses". I/We swear or affirm under penalty of perjury that all the information provided on this permit application is true and correct.

____ (Initial) I/We will forever indemnify and hold harmless the Town and all its agents, employees and representatives from and against all claims, damages, losses, suits and actions, including attorney's fees, arising or resulting from operation of this mobile food vending unit in the Town.

Payment Method: Check ___ Money Order ___ Visa/Mastercard ___ Cash is not accepted.

Make checks or money orders payable to "Town of Millville".

Fee: \$ _____ Credit Card No: _____ Exp. Date: _____ Credit

Cardholder's Name: _____ 3 Digit Security Code: _____

Amount Charged: \$ _____ I agree to pay the indicated total amount according to card issuer agreement:

Cardholder's Signature: _____

LICENSES ARE NOT TRANSFERABLE FROM PERSON TO PERSON

OFFICE USE ONLY:

Receipt No.: _____ Amount Paid: _____ Date Issued: _____

Check/Money Order No.: _____ Date Expires: _____ Staff Initials: _____