



Village of Stockbridge
305 W. Elizabeth St., 517 - 851 – 7435

LICENSE / PERMIT Application For:

Special Transitory Food Unit (STFU), (STMU) Special Transitory Merchandise Unit, A Miscellaneous Merchandise Mobile Unit , Mobile Food Truck, Mobile food establishment, Mobile Vending Unit, Fully Enclosed Trailer, Pushcart, Vehicle, Watercraft, Tent or other design that is movable. License.

APPLICANT INFORMATION:

NAME: _____
(Last) (First) (Middle)

DRIVER'S LICENSE NO. OR STATE ID CARD NO.:

(Applicant must submit a legible photocopy of their driver's license or State ID card)

BUSINESS PHONE _____ Cell phone # _____

E-MAIL: _____

OPERATOR'S INFORMATION _____ (If different from the applicant)

NAME: _____
(Last) (First) (Middle)

DRIVER'S LICENSE NO. OR STATE ID CARD NO: _____

(Operator must submit a legible photocopy of their driver's license or State ID card)

BUSINESS PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____

EMPLOYEE INFORMATION _____ (If different from the applicant & operator)

Please attach a separate sheet listing the name, address, phone numbers, copy of driver's license or State ID card, and e-mail address for each employee.

INFORMATION PERTAINING TO THE OPERATION

Name of the Business: _____

Will foods be prepared on site? (Yes) (No)

Proposed dates & hours of operation: _____

Location of proposed activity: _____
(Address) (Street)

If applicable attach a drawing of application site showing streets with street names and adjacent buildings with Business names and proposed location of Transitory unit showing ingress and egress locations

License / Permit Application is for:

(STFU) Special Transitory Food Unit (MFU) Mobile Food Establishment

(STMU) Special Transitory Merchandise Unit, Event STFU or MFU Unit,

Pushcart Other

Motor Vehicle: (Make) _____ . Model _____ License. Plate Number _____

Please indicate which of the following is installed in the Unit Checked above:

Fryer Griddle Grill Broiler

Describe how you will be disposing of grey water/untreated water waste/grease be handled?

Will cooking fuel be used? Is so, what type? _____

How much cooking fuel will be stored with unit? _____

Provide the current hydrostatic testing dates on all cylinders: _____

Is there an exhaust hood on the Unit? Yes No

If so, provide the code/standard/year/last certification and cleaning of the hood (must be within the past year)

(Note: Any cooking using heat will require an exhaust hood)

Is there a fire suppression system in the Unit Yes No . If so, provide the code, standard, year, last certification of the hood (must be within the past year)

(Note: This information is required for a Type 1 hood because cooking produces grease laden vapors)

If a Type 1 hood, is there a Type K Cooking Fire Extinguisher? Yes () No ()

Is there a minimum of 1 multi-purposed, ABC 4A-60BC sized fire extinguisher? Yes () No ()

Will a generator be operated in conjunction with the Unit? Yes () No ()

PROPERTY OWNER OR AGENT'S INFORMATION & PERMISSION

PROPERTY OWNER OR AGENT'S NAME: _____

CELL PHONE NO: _____ E-MAIL: _____

I hereby grant permission for a Special Transitory Food Unit to be operated on the property that I own or represent at: _____

Property Owner or Agent's Name (printed)

Property Owner or Agent's Signature

APPLICANT CERTIFICATION:

I certify that as an applicant for an (STFU) Special Transitory Food Unit or a Mobile Food Establishment (MFU) or a Special Transitory Merchandise Unit (STMU) Unit License, that the statements and information provided on this application are true, complete and correct, to the best of my knowledge and belief. I further acknowledge that I, as operator of the STFU, and my employees will be held responsible for any violations of the village of Stockbridge Special Transitory Food Units (Food Truck) Ordinance which may result in revocation of the STFU license.

Applicant's Name (printed)

Applicant's Signature

(Date)

