



PO Box 967/101 E. Bean St.  
Lincoln, AR 72744  
479-824-4274

### Food Truck Business License Application

Applicant Name \_\_\_\_\_ Owner \_\_\_\_\_ or Operator \_\_\_\_\_

Mailing Address : \_\_\_\_\_

Business Name: \_\_\_\_\_ Location Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Zoning: \_\_\_\_\_ EIN ID# \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Type of Business Structure (corporation, Sole Proprietorship, etc.) \_\_\_\_\_

Number of Employees (including owner/operator) \_\_\_\_\_ Number of Employees previous year \_\_\_\_\_

Is there a restaurant near your site? Yes \_\_\_\_\_ or NO \_\_\_\_\_ If yes, feet to main entrance. \_\_\_\_\_

1. **Submit a statement** attesting to the intended place of operation for the duration of the business license.
2. **Notarized statement.** If the operator does not own the real property a notarized statement, from the record owner of the real property granting the operator permission to place the mobile food vendor on the owner's property. Warranty deed if the property is owned. If nonpermanent operation you will need to submit new statement each time of operations.
3. **Written plan** detailing utilities, waste, traffic and parking.
  - a. A plan for the connection to and disconnection from the mobile food vendor of water and electricity.
  - b. A plan for food and non-food waste disposal.
  - c. A plan for parking and motor vehicle ingress and egress.
4. **Written report** of a safety inspection from the Lincoln Fire Chief. Required yearly with business license application.
5. **Copies** of current proof of all licenses, permits and inspections required by the Arkansas Department of Health. Required yearly with business license application.
6. **Proof** of current valid liability insurance covering the mobile food vendor.
  - a. for injury to or death of a person: \$500,000.00 per person and \$1,000,000.00 per occurrence; and
  - b. for damage to property: \$1,000,000.00 per occurrence
7. Will you be **connected to water**? Yes  No  If yes check the correct box. Permanently  Intermittently
8. **Business License.** Must list one address for location of business.

I have read the Ordinance 2021-13 and agree to abide by these requirements.

Owner and Vendor (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

I, the undersigned, hereby state on oath that I am the applicant in the foregoing, and that the information contained herein is true and accurate to the best of my knowledge and belief.

\_\_\_\_\_

Date

\_\_\_\_\_

Applicant's Signature

Approved By: \_\_\_\_\_ (Ordinance No. 2021-13)

\_\_\_\_\_

Date

\_\_\_\_\_

Receipt Number

Parking Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Submission Date: \_\_\_\_\_ Planning Administrator Approval Date: \_\_\_\_\_

Temporary Relocation Application required for relocation within the city, five (5) days' notices required.