



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 it is nonpermanent operation, you will need to submit new statement each time of operations.
3. **Written plan** detailing utilities, waste, traffic and parking.
 1. A plan for the connection to and disconnection from the mobile food vendor of water and electricity.
 2. A plan for food and non-food waste disposal.
 3. 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 and the operator in the minimum amounts as follows:
 - A. Commercial General Liability Insurance (aggregate limit \$2,000,000):
 1. for injury to or death of a person: \$1,000,000.00 per occurrence;
 2. for damage to property: \$250,000 per occurrence
 3. For medical expenses for any one person: \$5,000;
 4. For products liability: \$2,000,000;
 - B. Automobile Liability Insurance, per each accident: \$1,000,000;
 - C. Umbrella Liability Insurance (aggregate): \$1,000,000; and
 - D. Worker's Compensation/Employer Liability (per statute): \$1,000,000.
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 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: _____

Planning Administrator

Submission Date: _____ Approval Date: _____

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