



City of Bellevue
115 East Pine Street
P. O. Box 825 Bellevue, ID 83313
208-788-2128 Fax 208-788-2092

Application Fee: \$100

MOBILE FOOD VENDOR LICENSE APPLICATION

Applicant Information
Applicant Name:
Applicant Mailing Address:
Applicant physical address <i>(if different)</i> :
Mobile Business Name:
Applicant phone #:
Applicant email address:
Property address where applicant proposes to engage or conduct business: <i>Written permission of the owner(s) of the real property reflecting applicant's authority to engage in or conduct business at the specific location(s) shall be attached.</i>
Mobile Food Vendors Operation of hours is: 7am-9pm Please indicate the days and hours of operation: A.M/ P.M _____ A.M/P.M _____ MON TUES WED THU FRI SAT SUN
Brief description of the nature, character and quality of the goods or services to be offered for sale or delivered, and method of distributing products:
Total # of employees:
State Identification Number:
Federal Taxpayer ID number:
Description of motor vehicle for business:
Motor vehicle registration number:
Motor Vehicle license number:
Driver's License number:
Do you hold an approved Bellevue Business License? If yes, please attach a copy
A separate Mobile Vendor's License shall be required for each separate vending stand, such as but not limited to, each separate tent, cart, or other form of stand.
All Applicants shall be required to minimize the noise and fumes if using power sources such as generators etc.
Applicable Information: <input type="checkbox"/> Written permission of the owner(s) of the real property reflecting the applicant's authority to engage in or conduct business at the specified location.

- Complete listing of any other licenses or permits issued to the applicant by the City within the past five (5) years. Including any revoked permits or licenses.
- Attach a copy of Central Health District Certification
- Site plan including proposed parking, loading/unloading, trash location, traffic plan, lighting if applicable, pedestrian safety and a sanitary wash station.
- Copy of Mobile Vendor Liability Insurance

VENDOR PERMIT SHALL BE VALID FOR A PERIOD OF **SIX MONTHS**- THE VENDOR IS LIMITED TO A SIX-MONTH LICENSE PER LOCATION

Applicant signature: _____ Date: _____

Official Use Only

Approval of this permit certifies that the Applicant is entitled to hold and use this Mobile Food Vendor Business License at the above designated premises.

- Approved Denied

Mayor signature _____ Date: _____

City Clerk signature: _____ Date: _____

CD signature: _____ Date: _____

Marshal signature: _____ Date: _____

Public Works signature: _____ Date: _____

Fire Chief signature: _____ Date: _____