

MOBILE VENDOR LICENSE APPLICATION

CITY OF MILTON FREEWATER
PO BOX 6 / 722 S MAIN ST
MILTON FREEWATER, OR. 97862
541-938-5531

APPLICANT'S NAME _____

ADDRESS _____

PHONE # _____

DATE OF BIRTH _____

DRIVER'S LICENSE # /STATE _____

VEHICLE PLATE # / STATE _____

DESCRIPTION OF MERCHANDISE, FOOD OR SERVICE TO BE SOLD

LOCATION(S) WHERE APPLICANT INTENDS TO ENGAGE IN BUSINESS

- COPY OF VALID DRIVER'S LICENSE OR OTHER ACCEPTABLE PICTURE ID (Check box if attached)
- PROOF OF AUTOMOBILE INSURANCE COVERAGE (LIABILITY ONLY) (Check box if attached)
- LICENSE IS VALID FOR 1 YEAR & WILL NEED TO BE RENEWED EACH YEAR \$20 FEE PAID

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ALL INFORMATION IS SUBJECT TO VERIFICATION BY THE POLICE DEPARTMENT

SIGNATURE OF APPLICANT _____ DATE _____

OFFICE USE ONLY

APPLICANT'S LICENSE IS CLEAR & VALID PER DISPATCH

CITY APPROVAL BY _____

DATE _____

ISSUE DATE: _____

EXPIRATION DATE: _____