



CITY OF  
**MILTON-FREEWATER**

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P.O Box 6 • 722 South Main • Milton-Freewater, OR 97862

Phone (541) 938-5531 • Fax (541) 938-8224 • mfcity.com

## MOBILE VENDOR LICENSE APPLICATION

1. Applicant's Name: \_\_\_\_\_

2. Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_

3. Applicant's Phone Number: \_\_\_\_\_

4. Applicant's Date of Birth (DOB): \_\_\_\_\_ (MM/DD/YYYY)

5. Applicant's Driver's License No. \_\_\_\_\_ State: \_\_\_\_\_

6. If a vehicle will be used to conduct business with or from, list the vehicle's  
license number and state of registration: \_\_\_\_\_ State: \_\_\_\_\_

7. Description of merchandise, food, or service to be sold by applicant:  
\_\_\_\_\_  
\_\_\_\_\_

8. Location(s) where applicant intends to engage in business:  
\_\_\_\_\_  
\_\_\_\_\_

A copy of a valid driver's license or other acceptable picture identification (determined by City Staff as being acceptable), for the applicant and all vehicle operators and proof of automobile insurance coverage (liability coverage) meeting state law must be provided when submitting this application. 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

\_\_\_\_\_  
City Approval By:

\_\_\_\_\_  
Date

(Forward a copy of all applications to the Police Department for processing. Date routed: \_\_\_\_\_)