



# City of Laingsburg Mobile Food Vending License Application

## Mobile Food Vending Application

### Applicant Information

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Food Truck: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_  
City State ZIP Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Is your business a licensed food service establishment based in the City of Laingsburg? YES  NO

I have read and will abide by Article VII. Mobile Food Vending of the City of Laingsburg's Ordinance? YES  NO

Please provide a copy of the following with this completed application.

Driver's License  Health Department License  General Comprehensive Liability Policy

### Indemnity Agreement & Signature

*I certify that the statements made above are true and complete to the best of my knowledge and that I and/or my employees will comply with all ordinances of the city of Laingsburg relative to the operation, services or act this license is requested; that the licensee shall indemnify and hold harmless the city of Laingsburg, its officers and employees for any claims, damages, or injuries to persons or property which arise out of any activity by the licensee, its employees, or agents carried on under terms of the license. The applicant acknowledges that the information contained herein may be subject to certain penalties which include, but are not limited to, suspension or revocation of my Mobile Food Vending License.*

Signature: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

#### Office Use Only Below

Approval Zoning Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Date Expired: \_\_\_\_\_