CITY OF OWENSBORO
ANNUAL MOBILE FOOD VENDING PERMIT APPLICATION
PO BOX 10008, OWENSBORO KY 42302
PHONE: (270) 687-5600   FAX: (270) 687-8526   www.owensboro.org

1. Check one  ________ New application  ______ Renewal

2. Check where business is conducted: Make check payable to "Occupational Tax Administrator"
   ______ $250 City of Owensboro  or  ______ $650 City of Owensboro/Downtown Entertainment District

3. Legal Name of Business or Applicant if Sole Proprietor: ____________________________________________

4. Doing Business As or Trade Name (if applicable): ____________________________________________________

5. Address:                                                                                              
   ______________________________________________________                                         

6. Phone#:  _________________________________  Cell #:  _________________________________

7. Year of Vehicle:  ________  Make:  ____________  Model:  ________________
   Plate #:  _________________________________

8. Business Entity (Select One):    ☐ Sole Proprietor  ☐ Partnership  ☐ Corporation
   ☐ LLC - Individual  ☐ LLC - Partnership

9. Federal ID No.  _________________________  AND/OR  Social Security No.  ____________________________

10. REQUIREMENTS:
    
    a. Current City of Owensboro Business License  License #  ________________________________  Y  N
    b. Certificate of Insurance (with City of Owensboro listed as additional insured)
       Death or injury to any one person $ 25,000
       Total liability for death or injury to person $ 50,000
       Property damage $ 10,000
    c. Written - Health Department Approval
    d. Photo of Vehicle
e. Proof of Vehicle Registration

f. Proof of Vehicle Insurance

g. Inspection by City of Owensboro - 270-687-8702

I AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY OF OWENSBORO AND ITS OFFICIALS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AND AGENTS AGAINST LIABILITY AND/OR LOSS ARISING FROM ACTIVITIES CONNECTED WITH AND/OR UNDERTAKEN PURSUANT TO THE PERMIT OR LICENSE. THE CITY OF OWENSBORO IS NOT LIABLE FOR ANY BUSINESS LOSS, PROPERTY LOSS, OR OTHER DAMAGE THAT MAY RESULT FROM USE OF THE PERMIT OR LICENSE, SUSPENSION OR REVOCATION OF THE PERMIT OR LICENSE, OR THE DISCONTINUANCE OF THE PRACTICE OF PERMITTING SUCH ACTIVITY, AND NO SUCH VENDOR SHALL MAINTAIN ANY CLAIM OR ACTION AGAINST THE CITY OF OWENSBORO AND/OR ITS OFFICIALS, OFFICER, EMPLOYEES, OR AGENTS ON ACCOUNT OF ANY SUSPENSION OR REVOCATION OR DISCONTINUANCE.

I hereby certify all information and statements herein are true and correct and that I have received a copy of the applicable ordinance and map.

SIGNATURE ___________________________________________ DATE ____________

PRINT NAME ___________________________________________

OFFICIAL TITLE _________________________________________

(Owner, Partner, Member, Treasurer, Agent, Etc.)

PLANNING & ZONING ADMINISTRATOR/BUILDING INSPECTOR (270) 687-8665

APPROVAL ___________________________________________ Date ____________

COMMENTS: ___________________________________________