

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:

		Y	N
a. Current City of Owensboro Business License	License # _____		
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

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f. Proof of Vehicle Insurance

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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:
