

**CITY OF MANCHESTER  
MOBILE FOOD UNIT  
PERMIT APPLICATION FORM**

Owner \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_

Site Location \_\_\_\_\_

**CITY BUSINESS LICENSE:**

YES \_\_\_\_\_ NO \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**COFFEE COUNTY BUSINESS LICENSE/CERTIFICATIONS FROM COUNTY:**

YES \_\_\_\_\_ NO \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**LICENSES AND/OR CERTIFICATIONS FROM HEALTH DEPT. (STATE OR COUNTY)**

YES \_\_\_\_\_ NO \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**DRIVER MUST HAVE CURRENT DRIVERS LICENSE AND VEHICLE INSURANCE AND REGISTRATION:**

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**DRIVER MUST HAVE A CURRENT GENERAL LIABILITY INSURANCE NO LESS THAN \$1,000,000 EACH.**

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

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**MOBILE FOOD UNIT OPERATOR MUST OBTAIN WRITTEN PERMISSION FROM THE OWNER OR LESSEE OF THE PREMISES ON WHICH THE MOBILE FOOD UNIT IS LOCATED AND BE FULLY SELF CONTAINED.**

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**FOOD TRUCK ACCEPTANCE FORM FROM HEALTH & CODES DEPT.**

YES \_\_\_\_\_ NO \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_