



**CITY OF MANCHESTER**  
HEALTH AND CODES DEPARTMENT  
200 W. Fort Street  
Manchester, Tennessee 37355  
931-723-1464



## FOOD TRUCK ACCEPTANCE FORM

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

DESCRIPTION OF PRODUCT TO BE SOLD: \_\_\_\_\_

VIN#, MAKE AND MODEL OF UNIT: \_\_\_\_\_

IF ANY FOOD THAT PRODUCES GREASE LADEN VAPORS IS PREPARED IN THE FOOD TRUCK, A TYPE – 1 HOOD SYSTEM WITH FIRE SUPPRESSION AND CLASS K FIRE EXTINGUISHER MUST BE INSTALLED ON THE TRUCK.

PASSED \_\_\_\_\_ FAILED \_\_\_\_\_ DATE \_\_\_\_\_

ATTACH TWO PHOTOGRAPHS OF UNIT: \_\_\_\_\_

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
HEALTH & CODES DEPT.

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

Owner \_\_\_\_\_ Phone \_\_\_\_\_ Date \_\_\_\_\_  
Site Location \_\_\_\_\_

LICENSES AND/OR CERTIFICATIONS FROM HEALTH DEPT:

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

Comments \_\_\_\_\_  
\_\_\_\_\_

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

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

Comments \_\_\_\_\_  
\_\_\_\_\_

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

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

Comments \_\_\_\_\_  
\_\_\_\_\_

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  
CONATAINED

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

Comments \_\_\_\_\_  
\_\_\_\_\_

FOOD TRUCK ACCEPTANCE FORM FROM HEALTH & CODES DEPT:

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

Comments \_\_\_\_\_  
\_\_\_\_\_

BUSINESS LICENSE(S) OBTAINED IN THE CITY AND/OR COUNTY WHERE THE FOOD TRUCK IS  
BASED:

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

Comments \_\_\_\_\_  
\_\_\_\_\_

\*If applicant does not have a business license from where they are based, they must obtain BOTH a  
Manchester City and Coffee County business license.