



CITY OF HARRISVILLE

200 N 5th St ● Harrisville MI, 48740

Office. 989.724.6666 ● Email. Harrisville1905@hotmail.com

Dear Applicant,

Welcome to the City of Harrisville's Food Truck (STFU) Application process!

When applying for a Food Truck License with the City of Harrisville, **please provide 2 complete copies** of the following items when you return your Food Truck License Application requirements to the City of Harrisville - Clerk's office:

- Completed City of Harrisville - Food Truck License Application Form.
- Copies of State of Michigan Health Department STFU Annual license.
- Copies of valid driver's license, current vehicle registration, and insurance including automobile liability coverage.
- Proof of General Comprehensive Liability policy with limits of not less than \$1 million Combined Single Limit coverage issued by an insurer licensed to do business in this State and which names the City as an additional insured.
- Signed statement that the licensee shall indemnify and hold harmless the City, 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.
- A non-refundable application fee paid upon submittal (Payable to the City of Harrisville Treasurer)

The City of Harrisville Food Truck License Application must be filled out by each applicant and returned to the City of Harrisville Clerk's Office. You will be contacted by the City of Harrisville Clerk's Office once a decision regarding your application has been made.

If you have any questions, you may contact the:

City of Harrisville Clerk's office at (989) 724-6666



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Food Truck License Application

Date of Application: ___/___/___

- Name of Business: _____
Address of Business: _____
Number & Street City/State Zip Code
Name of Applicant: _____
First Name Middle Name Last Name
Mailing Address of Applicant: _____
Number & Street City/State Zip Code
Telephone Number of Applicant: (____) _____ - _____
Email Address of Applicant: _____
Do you own the company? Yes ___ No ___ If you are not the owner, please provide the following:
a. Owner's Name _____
b. Owner's Address: _____
Driver's License Number: _____ State Issued: _____
Federal Tax ID: _____
Michigan Sales Tax License Number: _____
Name(s) of Event(s): _____ Application Type: Day () Month () Year ()

a. Location of Event(s):

b. Brief Description of vending activity to be conducted, including methods to be used and a description of the types of goods and services.

c. Date(s) of event(s):

d. Hours of operation: _____

e. On-site Manager: _____

f. On-site Manager Phone Number: (____) _____ - _____

- Number of employees on each truck: _____

(each truck must have at least one individual over the age of 18 on the truck at all times)

- Have you ever had a City of Harrisville issued license suspended or revoked? Yes: ___ No: ___

If the answer to question above is "yes", please explain in detail:

- Have you solicited under this or any other business name in Alcona County? Yes ___ No ___

If the answer to question above is "yes" please provide the business name:

- Emergency Contact:

Emergency Contact Phone Number: (____) _____ - _____

- Truck information: (Attach a picture of the Food Truck)

- Year: _____
- Make: _____
- Model: _____
- License Plate Number: _____
- Photo of Food Truck:

Any license issued pursuant to the Mobile Food Vending ordinance shall not be transferable from one person to another. Any change in information requested in the application shall be provided to the City of Harrisville City Clerk within ten calendar days of any such change.

I swear that all the above statements are true, and if the license is granted, I agree to conform to the provisions contained in said ordinance and to conduct said business in the manner required, and I hereby acknowledge receipt of a copy of said ordinance and hereby represent that I have knowledge of the contents in relation to the conduct of said business.

I agree to defend, indemnify, and hold harmless the City of Harrisville, its officials, officers, employees, and agents against any liability, claims, causes of action, judgements, or expenses, including reasonable attorney fees, resulting directly or indirectly from any act or omission of the licensee, its employees, its subcontractors and anyone for whose acts or omissions they may be liable, arising out of the licensee's use or occupancy of the public street, highway or public parking space.

Applicant Signature: _____ Date: _____

Fee: \$25.00 Per Calendar Day \$75.00 Per Calendar Month \$150.00 Per Calendar Year

FOR OFFICE USE ONLY:

Application Received Date: _____

Application _____

STFU Annual License _____

Driver's License _____ Vehicle Registration _____ Ins. including auto liability coverage _____

Proof of General Comprehensive Liability policy \$1 Mill listing City _____

Signed Application _____

Fee Paid: _____

Approved: Yes | No | If no, why:

Date of Issuance or denial:

This Application and all required documentation can be mailed to City of Harrisville P.O. Box 278
Harrisville, MI 48740 or emailed to Harrisville1905@hotmail.com