

NEW

MUNICIPAL APPLICATION FOR MOBILE FOOD ESTABLISHMENT LICENSE/PERMIT

1. TYPE: Indicate the type of operation that best describes your mobile food establishment.

Please check only one box.

- ☐ Mobile Food Dispensing Vehicle ☐ Hot Dog Cart ☐ Lemonade/Ice cream Truck ☐ Lemonade/Ice cream Cart
☐ Non-Self-Propelled Cart/Trailer/bicycle ☐ Theme Park Food Cart ☐ Watercraft
☐ Other _____

2. BUSINESS INFORMATION

Ownership Type - Please check only one box below:

- ☐ Individual/Sole Proprietor ☐ Corporation ☐ Partnership ☐ Limited Liability Company
☐ Governmental Entity ☐ Limited Partnership

Social Security Number (or FEIN for Business):

Ownership Name (Individual or organization who currently owns the business):

Entity Name (List only one):

DBA (Doing Business As) (if different):

Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Website Address:

Social Media (i.e. Facebook, Twitter):

Social Media (i.e. Facebook, Twitter, Instagram):

Manager in Charge (If different than owner):

Name:

Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

3. MOBILE FOOD ESTABLISHMENT INFORMATION:

Name of Mobile Food Establishment/Truck (if different from Entity name or DBA):

(Provide the address where MFE is located when not operating):

Address:

City:

State:

Zip Code:

DMV License Plate Number of Truck/Cart/Trailer:

VIN Number:

License Fee: \$75.00

4. REQUIRED DOCUMENTATION & SIGNATURE

☐ State MFE Registration

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Municipality.

I understand that this is a continuing application and that I have an affirmative duty to inform the Municipality of any changes in the answers to these questions after this application and this Affidavit are signed.

Signature of Authorized Person

Date of Signature (MM/DD/YY)

Printed Name of Authorized Person

Title of Authorized Person

OFFICE USE ONLY

Registration #:	Date
Date application was received:	
Date State Registration Received:	
RI DOH License Received:	
RI DMV Registration Received:	
RI Fire Safety Permit Received:	
Motor Vehicle Insurance Received:	
Retail to Make Sales Permit Received:	
Approval:	
Expiration:	