



TOWN OF SNEAD

FOOD TRUCK BUSINESS LICENSE APPLICATION

Food Truck Business License: \$50.00 for one year

BUSINESS / APPLICANT INFORMATION

Business / Food Truck Name: _____	Owner / Applicant Name: _____
Business Address: _____	City / State / ZIP: _____
Phone Number: _____	Email Address: _____
Mailing Address (if different): _____	City / State / ZIP: _____

Health Permit

Copy of current health permit attached: ☐ Yes

Business Insurance

Do you have business insurance? ☐ Yes ☐ No

Insurance Company

If yes, company name:

FOOD TRUCK / VEHICLE INFORMATION

Type of Food / Products Sold: _____	Vehicle Make / Model: _____
Vehicle Year / Color: _____	License Plate # / State: _____

LICENSE INFORMATION

License Year: _____	License Number: _____
License Fee: \$50.00 for one year	

APPLICANT CERTIFICATION

Applicant Signature: _____	Date: _____
Printed Name: _____	

FOR TOWN USE ONLY

Date Application Received: _____	Date Issued: _____
Amount Paid: \$ _____	Receipt Number: _____
Payment Method: ☐ Cash ☐ Check ☐ Other	Approved By: _____

Office Notes: _____