VILLAGE OF SPRINGVILLE

License Application
Mobile Food Vendor

PLEASE PRINT CLEARLY

Applicant Business Name: _____

Owner Name: _____

Address: _____

_____

Business Phone # _____

Day Phone Cell # _____

Email Address: _____

Signature: _____ Date: _____

Department of Health Certificate.

Attach a copy for vehicle and location of food preparation. If applicable.

Vehicle Type: _____

License Plate Number: _____ State: _____

Description of Food Served: _____

_____

_____

For Village Use:

Fee: $_____ Paid: _____ Date: _____

License #: _____

Approved: _____ Date: _____