



CITY OF MOSES LAKE BUSINESS LICENSE APPLICATION MOBILE AND STREET FOOD VENDORS

401 S Balsam Street - P.O. Drawer 1579 Moses Lake, WA 98837
509-764-3717 Email: bsypert@cityofml.com

1	Company Name:	Requested Start Date:	
2	Use only if different than the company name DBA:	UBI #:	
3	Business Owner:	Email:	
4	Business Phone #:	Cell #:	Alt Phone #:
5	Business Address:	City:	State: Zip:
7	Product Description:		
8	Vehicle License #:	State:	Description:
9	<p><u>REVOCATION OF LICENSE</u></p> <p>Any license pursuant to this chapter may be revoked, in writing, by the Community Development Director for any of the following: Please initial each item</p> <p>_____ Any fraud, misrepresentation, of false statement contained in the application for license</p> <p>_____ Any fraud, misrepresentation or false statement in connection with the selling of products</p> <p>_____ Any violation of this chapter (MLMC 5.07)</p> <p>_____ Conducting the business licensed under this chapter in an unlawful manner or in such a manner as to constitute a breach of the peace or to constitute a menace to the health, safety, or general welfare of the public</p>		
10	<p><u>ACKNOWLEDGEMENT</u></p> <p>I certify that the information I have provided to the city is correct. I agree to comply with all federal, state, county and city laws applicable to the establishment, construction, operation, and maintenance of the use herein identified. I further agree to replace or repair to current community street and utility standards any damage to city streets and/or utilities resulting from the establishment, construction, operation, or maintenance of the use herein identified. I certify that I have received a copy of the MLMC 5.07, that I understand the requirements of the chapter, and that the use herein identified will be established, operated, and maintained in compliance with those regulations.</p> <p>Signature: _____ Date: _____</p> <p>Print Name: _____ Title: _____</p>		
11	<p><u>Application must be submitted with the following:</u></p> <p><input type="checkbox"/> Insurance Certificate for \$2,000,000 per occurrence, listing the City of Moses Lake as a certificate holder.</p> <p><input type="checkbox"/> Written permission from the Property owner for applicant to conduct business on the selected parcel.</p> <p><input type="checkbox"/> Site Plan showing where the conveyance will be located as it pertains to exits and existing structures.</p> <p><input type="checkbox"/> Proof of permitting of conveyance through the Dept. of Labor & Industries if applicable.</p> <p><input type="checkbox"/> Proof of permitting through Grant County Health District if applicable.</p> <p><input type="checkbox"/> Proof of City of Moses Lake Fire Dept. Operations Permit</p> <p><input type="checkbox"/> Regional Fire Marshals Food Truck Inspection Checklist</p>	<p>For Staff Use Only</p> <p>Application Fee: <u>\$25 per Quarter (3 months)</u></p> <p># of Quarters: _____</p> <p>Total: \$ _____</p> <p>Received By: _____</p> <p>Date Received: _____</p>	