



CITY OF HAZEL PARK
APPLICATION FOR FOOD TRUCK PERMIT

IN ADDITION TO FULL PAYMENT, THE FOLLOWING ITEMS MUST ACCOMPANY THIS APPLICATION:

- 1.) Operator's Driver's License 3.) Vehicle Registration 5.) Site map drawing of proposed location
2.) Proof of Insurance 4.) Oakland County Health Cert. 6.) Written permission to operate at location**

IF FOOD TRUCK IS NOT SELF-CONTAINED AND REQUIRES ELECTRICAL SERVICE, AN ELECTRICAL PERMIT MUST BE OBTAINED FROM THE HAZEL PARK BUILDING DEPT. PRIOR TO OPERATION (HPMC Ch. 5.30.080).

THIS IS AN APPLICATION FOR (CHECK ONE):

- [] ANNUAL PERMIT costing \$150.00 and expiring at the end of the calendar year of issuance; OR
- [] SPECIAL EVENT PERMIT costing \$25.00 for each period of up to four (4) days.

Operator's Personal Name: Food Truck Business:

List any previous names, maiden names, or aliases:

Business Address: City: County: Zip:

Business Phone:() - Email: License Plate #:

Describe Vehicle Used: Type of Food to be Sold:

Days & Hours of Operation:

Location(s) where Food Truck intends to Operate: Hazel Park, MI 48030

**If operating on Private Property, written permission from property owner must be attached to the application. If operating at more than one location, use back of form.

Owner of Property: Owner's Email:

Owner's Address: Owner's Phone:() -

Has the operator ever had a vendor license revoked, suspended, or denied by a city, County Health Dept. or other entity? [] Yes [] No

If yes, state nature of revocation, suspension, or denial:

FOR "SPECIAL EVENT" PERMIT APPLICATIONS ONLY

This Special Event will last days in total, from / / to / / (each <= four (4) day period is \$25.00).

Type of special event: Will you use any public space, land, or road(s)? [] Yes [] No

- I understand that in addition to; 1) this completely and accurately completed form, I must also submit; 2) full payment for the duration of the selected permit type; 3) a copy of the food truck operator's Driver's License; 4) proof of insurance in an amount not less than \$100,000.00 for property damage and injuries; 5) vehicle registration; 6) a food service establishment license issued by the Oakland County Health Dept.; 7) a site map indicating the location in which the food truck proposes to operate, and if applicable; 8) written permission from the property owner authorizing the food truck to operate at the proposed location. IF ISSUED, an Annual Permit is valid until the end of the calendar year of issuance; a Special Event Permit is valid for the date range specified on the permit.

- This permit shall not be construed as granting permission to any mobile food truck vendor to participate at any public or private event, City event, school event, library event, private business event, private party event, organizational event, or individually created event without the express written permission of the host of said event and payment, if applicable, of any placement permission fee required by said event organizer.

- I do certify this document to be TRUE and FACTUAL. I will comply with all federal, state and local laws, including all provisions of Hazel Park Municipal Code Ch. 5.30, under penalty of law. I understand that applying for this permit does not give me the right to operate prior to issuance of a permit and that to do so is a violation of the HPMC which may result in my prosecution. Furthermore, food trucks may not operate on public property without prior approval from the City Manager's Office, and may only operate on private property with the consent of the property owner.

- I agree to defend, indemnify, and hold harmless the City of Hazel Park, 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.

FOOD TRUCK OPERATOR'S SIGNATURE: DATE: / /

- City Manager
- Planning
- Police Dept.

---For Office Use Only---

Departmental Signature Date

Invoice # Amount Paid Application Date Initials

****USE THIS PAGE ONLY IF INTENDING TO OPERATE AT MORE THAN ONE LOCATION****

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Owner's Address: _____ Owner's Phone:(_____) _____ - _____

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