



# Mobile Food Vending Unit Temporary Business License / Food Truck Permit Application

**Temporary Business License Fee** - \$50 annually

**Durational Permit Fee** - \$150 for 3 day permit plus \$25 for each additional day (up to 5 days max)

**City Sponsored or Endorsed Special Event Permit Fee** - \$25 each day of event

Payable Online Option at: [tinyurl.com/PayItOnline](http://tinyurl.com/PayItOnline)

*The Village of Friendliness—Since 1870*

Vendors desiring to operate a temporary mobile food vending unit in the City of the Village of Douglas must obtain a permit. Vendors shall not represent the granting of a permit as an endorsement of the City. A permit obtained shall not relieve any vendor of the responsibility for obtaining any other permit or authorization required by any other resolution, ordinance, statute, or administrative rule.

## Business Information:

Business Name: \_\_\_\_\_ Name of Food Truck: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Applicant Information:

Contact Name Representing Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

## Vending Unit Information:

Make of Vending Unit: \_\_\_\_\_ Model of Vending Unit: \_\_\_\_\_

Year of Vending Unit: \_\_\_\_\_ Vehicle Identification Number (VIN): \_\_\_\_\_

License Plate #: \_\_\_\_\_ Drivers License#: \_\_\_\_\_

## Permit Type: (select one)

- Durational** – For specific dates of no less than three (3) and no more than five (5) consecutive days, valid to operate in specific locations as designated by permit, at Wade’s Bayou Memorial Park or Beery Field located in the Downtown District, between the hours of 9:00 AM and 7:00 PM. No more than four (4) durational periods will be issued during any given six-month (180 day) period.

Dates: Period #1 Dates: \_\_\_\_\_ to \_\_\_\_\_

Period #2 Dates: \_\_\_\_\_ to \_\_\_\_\_

Period #3 Dates: \_\_\_\_\_ to \_\_\_\_\_

Period #4 Dates: \_\_\_\_\_ to \_\_\_\_\_

Location:  Wade’s Bayou Memorial Park  Beery Field

- City Sponsored or Endorsed Special Event** – to coincide with the hours of a City-sponsored or City-endorsed Special Event Permit Application in a public park or any other licensed Amusements or Entertainments on public or private property, in accordance with Chapter 111.

Date of Event: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

- Yes, I have read the City of Douglas Code of Ordinance [Chapter 110, Business Licensing](#)
- Yes, I have provided copies of the Allegan County Health Department Food Service License
- Yes, I have provided Liability Insurance listing the City as Additional Insured
- Yes, I have paid the application fee

Any vendor engaging in mobile food vending shall comply with the following requirements: no flashing or blinking lights, regulate noise, no idling, provide for waste receptacles and removal of all refuse, supply their own water and electric, and follow the City's sign requirements.

As the applicant for a mobile food vending unit temporary business license / food truck permit, I hereby agree to comply with all requirements of the City of Douglas Code of Ordinances and County and State regulations, and I understand this license will be revoked for any noncompliance. I confirm that all information that I have provided in this application is accurate to the best of my knowledge. I understand and acknowledge that vending is only permitted at designated locations and times as determined by the City of Douglas. I understand this license is personal and non-transferable. I acknowledge that the City may be required from time to time to release records in its possession. I hereby give permission to the City to release any records or materials received by the City from myself as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**FOR INTERNAL USE ONLY**

<b>CITY OF DOUGLAS REVIEW</b>	
Approved <input type="checkbox"/>	Denied <input type="checkbox"/> Permit Number _____
License Effective: _____	
Rationale _____	
Fee Paid <input type="checkbox"/>	Insurance Requirements Submitted <input type="checkbox"/>
_____ <i>Signature of City Planner</i>	_____ <i>Date</i>

L/P08052022CC

Return Application to:  
 City of Douglas  
 86 W. Center St.  
 PO Box 757  
 Douglas, MI 49406-0757  
 Email: pzadmin@douglasmi.gov  
 Fax: 269-857-4751  
 For further information, please call the City Planning Office at  
 269-857-1438.