



# Food Truck Business License Application

P.O. Box 1238, Pelham, Alabama 35124 | 205.620.6480

APPLICATION TYPE:  New  Owner Change  Name Change

LEGAL BUSINESS NAME: \_\_\_\_\_

TRADE NAME (DBA) IF DIFFERENT FROM ABOVE: \_\_\_\_\_

FORM OF OWNERSHIP:  Sole Proprietorship  Partnership  Corporation  
 Limited Liability Co.  Professional Association  
 Other (Specify) \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

(if different from above)

OWNERS, PARTNERS OR OFFICERS (Attach separate sheet if necessary)

Name	Residence Address	SSN	Title	Phone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME & PHONE FOR CONTACT PERSON:

PHYSICAL ADDRESS/LOCATION OF THE FOOD TRUCK(S): \_\_\_\_\_

(Attach additional addresses/locations of food truck(s) on a separate sheet, if necessary)

ARE YOU RENTING OR LEASING THESE LOCATIONS FROM THE PROPERTY OWNER OR TENANT?  YES  NO

SHELBY CO. HEALTH DEPT. PERMIT  APPROVAL  JEFFERSON CO. HEALTH DEPT. PERMIT

PROVIDE PROPERTY OWNER'S WRITTEN AND NOTARIZED APPROVAL

PROVIDE TENANT(S) WRITTEN AND NOTARIZED APPROVAL

NUMBER OF EMPLOYEES \_\_\_\_\_

STATE SALES OR USE TAX NUMBER: \_\_\_\_\_ FEDERAL ID NUMBER: \_\_\_\_\_

TAX FORMS NEEDED  SALES/SELLER'S USE  CONSUMER'S USE

This application has been examined by me and is, to the best of my knowledge, a true & complete representation of the above business.

SIGNATURE OF APPLICANT \_\_\_\_\_ TITLE \_\_\_\_\_ APPLICATION DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

OFFICE USE ONLY

ACCOUNT ID # \_\_\_\_\_ REVIEWED BY \_\_\_\_\_

TO BE COMPLETED BY THE FOOD TRUCK APPLICANT:

FOOD TRUCK #1

- Self-contained vehicle
- Trailer
- Pushcart

Year	Make	Model
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Color	Current Tag Number	VIN/Serial Number
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FOOD TRUCK #2

- Self-contained vehicle
- Trailer
- Pushcart

Year	Make	Model
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Color	Current Tag Number	VIN/Serial Number
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I HAVE READ AND WILL COMPLY WITH ALL THE ABOVE REQUIREMENTS AND PROVISIONS OF A FOOD TRUCK

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

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

\_\_\_\_\_

OFFICIAL USE ONLY

APPROVED

\_\_\_\_\_  
City of Pelham Finance Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Pelham Building Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Pelham Police Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
City of Pelham Fire Department

\_\_\_\_\_  
Date

\_\_\_\_\_  
Shelby County Health Department

\_\_\_\_\_  
Date