



TOWN OF MILLINGTON
FOOD TRUCK/VENDING UNIT PERMIT APPLICATION

NAME OF BUSINESS: _____

ADDRESS OF BUSINESS: _____

TELEPHONE #: _____ EMAIL: _____

NAME OF OPERATOR OF UNIT : _____

DRIVERS LICENSE #: _____

VEHICLE INFORMATION:

MAKE: _____ MODEL: _____ PLATE NUMBER: _____

VIN: _____ INSURANCE POLICY #: _____ (attach a copy of policy declarations)

WIDTH OF VEHICLE: _____ LENGTH OF VEHICLE: _____

LOCATION OF UNIT: _____

DAYS/HOURS OF OPERATION: _____

NOTE: Attach a copy of permission letter from property owner or event planner. Attach a map or drawing of the expected location of operation, including the location of all buildings or structures in the area of proposed operation and proximity to any adjacent residential areas as well as businesses.

ADDITIONAL DOCUMENTATION REQUIRED:

Generator Use: Provide manufacturer specifications on decibel ranges generated by generators to be used during operations.

Waste Disposal/Trash Removal: Provide explanation of method to dispose of waste and materials.

Licenses: Provide copies of Maryland and Kent County business licenses.

Parking: Provide parking plan for customers.

ADDITIONAL NOTES/COMMENTS: _____

I/We hereby agree and acknowledge that I/we will comply with all applicable Maryland, County, and Town laws and ordinances and will adhere to the conditions granted by this permit. By affixing my/our signature on this form, the sponsor and/or the individual participants agree to hold the public agencies harmless from any liability, incurred by them or to others associated with this event. Organization/Applicant is required to purchase liability and property damage insurance in the amounts of \$1,000,000 each.

Organization/Applicant Signature

Organization/Applicant Signature

CONDITIONS OF APPROVAL:

The applicant/owner must adhere to the following conditions of approval: _____

____	Approved	____	Disapproved	____	Mayor
____	Approved	____	Disapproved	____	Council
____	Approved	____	Disapproved	____	Council
____	Approved	____	Disapproved	____	Council
____	Approved	____	Disapproved	____	Council

Fee _____ Check # _____ Date Paid: _____

