

ANNUAL/NONREFUNDABLE LICENSE FEE: \$75.00 per year/per vehicle

This application is for a license to provide sales from a vehicular food unit utilized solely for offering approved and inspected pre-packaged food and drink items in individual serving sizes which have been transported from an inspected and approved permanent food service establishment (restaurant) or food preparation facility which serves as the base of operation for the mobile food unit (Ordinance Nos. 3157, 3158; City Code, Title 5, Chapters 5.04 and 5.08, Title 8, Chapter 8.40).

_____ Copy of applicant's State of Wyoming Food Service Permit. (Application available through the City/County Environmental Health Division, 100 Central Avenue, Cheyenne, WY.)

_____ State of Wyoming Sales Tax Number: _____

LOCATION OF PERMANENT FOOD SERVICE ESTABLISHMENT OR FOOD PREPARATION FACILITY:

(NOTE: NO OPERATOR OF A MOBILE FOOD UNIT SHALL PARK THE FOOD TRANSPORTING VEHICLE UPON ANY STREET NOR PARK IN SUCH A MANNER OR UNDER SUCH CONDITIONS AS TO LEAVE AVAILABLE LESS THAN 10 FEET OF THE WIDTH OF THE ROADWAY FOR FREE MOVEMENT OF VEHICULAR TRAFFIC. STOPPING, STANDING AND PARKING REQUIREMENTS PURSUANT TO CHAPTER 28 OF THE CITY CODE MUST BE FOLLOWED.)

The undersigned applicant hereby authorizes the City of Cheyenne and its agents and employees to seek information and conduct investigations into the truth of the foregoing statements as set forth in this application, and agrees to comply fully with the rules and regulations of the City of Cheyenne, Wyoming, governing the license requested, and further declares that the foregoing information contained in this application is true and correct.

SEAL
My commission expires: _____

APPROVALS:

The Mayor and City Clerk will provide written approval only after all other approvals have been obtained. The City Clerk's staff will acquire these approvals for applicants.

Zoning Department: _____
(2101 O'Neil Avenue, Room 202/637-6282)

Fire Department: _____
(2101 O'Neil Avenue, Room 304/637-6327)

City/County Environmental Health: _____
(100 Central Avenue, 633-4090)

Mayor: _____
(2101 O'Neil Avenue., Room 310/637-6300)

City Clerk: _____
(2101 O'Neil Avenue, Room 101/638-4301)

FOR USE BY CITY CLERK'S OFFICE: BY:_____

M/R # _____ FEE PAID \$ _____ DATE PAID: _____ DATE ISSUED:_____

COMMENTS:_____
