



P.O. Box 505
Monticello, AR 71655
Phone: 870-367-4400

Mobile Food/Outdoor Vendor Permit

Ordinance 847

Permit Fee: \$100.00

DATE OF APPLICATION _____ PAID _____ RECEIPT # _____

_____ Mobile Food Vendor _____ Outdoor Vendor

Owner: _____ Phone _____

Address: _____

Drivers License #: _____ State Issued: _____ Expiration: _____

Name of Mobile Food Truck: _____

Address of location (if in a permanent location): _____

Required Documentation:

_____ Current Health Inspection (Food Vendors Only)

_____ Valid Driver's License

_____ Written Authorization from Property Owner, describing approved location and operating schedule

I hereby certify that the data submitted on this application is true. Any deviation from information obtained hereto, will render this permit null and void.

Signature of Applicant _____ Date _____

Issued By _____ Date _____