**CITY OF MORGANFIELD**

**ANNUAL MOBILE FOOD VENDING PERMIT APPLICATION**

**130 EAST MAIN STREET MORGANFIELD, KENTUCKY 42437**

**PHONE 270-389-2525 FAX 270-389-2157 [WWW.MORGANFIELD.KY.GOV](http://WWW.MORGANFIELD.KY.GOV)**

1. Check one \_\_\_New Application \_\_\_Renewal
2. Legal Name of Business or Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Doing Business as (Name of Business) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Address of owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Year of Vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_ Make \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Model \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Plate # \_\_\_\_\_\_\_\_\_\_\_\_\_
8. Federal ID or SS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Certificate of Insurance \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Health Department Approval
11. Photo of Vehicle
12. Proof of Vehicle Insurance

I AGREE TO INDEMNIFY, HOLD HARMLESS, AND DEFEND THE CITY OF MORGANFIELD AND ITS OFFICIALS, OFFICERS, EMPLOYEES, REPRESENTATIVES, AND AGENTS AGAINST LIABILITY AND/OR LOSS, OR OTHER DAMAGE THAT MAY RESULT FROM USE OF THE PERMIT OR LICENSE, SUSPENSION OR REVOCATION OF THE PERMIT OR LICENSE, OR THE DISONTINUANCE OF THE PRACTICE OF PERMITTING SUCH ACTIVITY, AND NO SUCH VENDOR SHALL MAINTAIN ANY CLAIM OR ACTION AGAINST THE CITY OF MORGANFIELD AND/OR ITS OFFICIALS, OFFICERS, EMPLOYEES, OR AGENTS ON ACCOUNT OF ANY SUSPENSION OR REVOCATION OR DISCONTINUANCE.

I hereby certify all information and statements herein are true

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Owner, Partner, Member, Treasurer, Agent, etc)

Approval \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_