



COMMUNITY DEVELOPMENT 3701 SE 15TH STREET DEL CITY, OK 73115 PHONE: 405.670.7314 EMAIL: PERMITS@CITYOFDELCITY.ORG

## **APPLICATION CHECKLIST**

SIGNED APPLICATION

\_\_\_COPY OF DRIVER'S LICENSE

\_\_\_OKLAHOMA STATE HEALTH LICENSE

\_\_\_\_FOOD HANDLER'S CERTIFICATE

\_\_\_\_FEDERAL TAX ID

\_\_\_\_ABLE COMMISSION LICENSE (IF APPLICABLE)\*

\_\_\_\_BEVERAGE PERMIT (IF APPLICABLE)\*

JANUARY 1ST TO DECEMBER 31ST: \$25.00

\*(DOCUMENTATION <u>MUST</u> BE PROVIDED TO PROCESS LICENSE.)

\*Only required if there is sale of alcoholic beverages.

Social Media Handle/Website is used to promote the location and sale of your food truck if you are interested. This information may be distributed in a list for the public or on the city's social media websites. The inclusion of this information on the application is optional.

*OFFICE USE ONLY	
DATE RECEIVED:	_ DATE ENTERED:
RECEIVED BY:	_ RECEIPT #:



## FOOD TRUCK APPLICATION

(JANUARY 1ST TO DECEMBER 31ST \$25.00)

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## **APPLICANT INFORMATION**

Applicant Name:			Phone Number: ()
	First	MI	Last
PROPOSED BUSI	NESS INFORMATION		
Business Name:			
Business Email Address	S:		_ Business Phone:
Social Media Handle/We	ebsite (Optional):		
Description of Food to b	be Sold:		
Vehicle/Truck In	formation		
Make & Model of Vehicle	e to be Used:		
Color:	License Plate Number:		State:
	*(Documentation MUS	<u>r</u> be prov	vided to process license.)
I certify that the above i	nformation provided is true an	d accura	te.
Applicant Signature			
*OFFICE USE ON	ILY		
Approved Den	ied		Driver's License
			Oklahoma State Health License
Economic Development Dir	rector Signature		Food Handler's Certificate
			Federal Tax ID
Permits Department Clerk S	ignature Date		ABLE Commission License
			Beverage Permit