



City of Greenland
Planning Division
8 E. Ross
Fayetteville, AR 72701
Ph# 521-5760; Fax #521-7780

Application Fee: \$50.00

FOOD VENDOR APPLICATION

ALL QUESTIONS MUST BE ANSWERED COMPLETELY.
INCOMPLETE AND UNSIGNED APPLICATIONS WILL DELAY PROCESSING.
FOR ASSISTANCE, PLEASE CONTACT GREENLAND CITY HALL.

1. COMPANY INFORMATION

Company Name	_____		
Base Operation Address:	_____	City:	_____ State: _____
Base Operation County:	_____	FEIN #:	_____
Health Dept License Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:	_____
County Business License Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	_____
Business License Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Social Network:	_____	Website:	_____

2. OWNER INFORMATION

Owner First Name:	_____	MI:	_____	Last Name:	_____
Home Address:	_____				
Owner Phone:	_____	Email:	_____		
Owner First Name:	_____	MI:	_____	Last Name:	_____
Home Address:	_____				
Owner Phone:	_____	Email:	_____		

3. VEHICLE DESCRIPTION AND OPERATOR INFORMATION

Year:	_____	Make:	_____	Model:	_____	License Plate No.	_____	State:	_____
VIN:	_____								
Operator First Name:	_____	MI:	_____	Last Name:	_____				
Operator's Driver's License #:	_____	State:	_____	Background Check Done:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Operator's Phone:	_____	Alternate Phone #:	_____						
Operator First Name:	_____	MI:	_____	Last Name:	_____				
Operator's Driver's License #:	_____	State:	_____	Background Check Done:	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Operator's Phone:	_____	Alternate Phone #:	_____						

4. MOBILE FOOD VENDOR OPERATION TYPE (✓ the appropriate permit "type" AND location description:
- City Wide Mobile Vendor Temporary Seasonal Mobile Vendor Outdoor Vendor Outdoor Seasonal Vendor
 - Truck will move from site to site
 - Truck will remain on one site and move off property at end of each day (Restroom accessibility required)
 - Truck will remain completely onsite (Restroom accessibility required)
 - Truck will remain on private property (Permission letter required; restroom accessibility required)

5. RESTROOM INFORMATION (Required for employees:

Business Name: _____

Business Address: _____

Business Contact Name: _____ Contact Phone: _____

6. SOLID WASTE & RECYCLING INFORMATION & CONTACT:

7. PROPOSED VENDING LOCATION AND TIMES:

8. ALCOHOL: WILL be served WILL NOT be served

9. THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.
 I have read the Outdoor and Mobile Food Vendor Code as it applies to me and my business.

SIGN HERE: _____ DATE: _____

PRINT NAME: _____

- **** SUBMIT WITH APPLICATION****
- FOUR color photographs of exterior: (1 each of front, both sides, and back) of vehicle in its final operating condition
 - Copy of the vehicle license and registration form reflecting the VIN
 - Copy of proof of vehicle insurance
 - Copy of the state or county health department license or permit applicable to mobile food providers
 - Copy of any alcoholic beverage license, if applicable
 - Copy of County business license
 - Copy of City business license
 - All additional documentation as required by Section B(3) of the Outdoor and Mobile Food Vendor Code
 - Copy of permission letter from property owner. If N/A, explanatory information will be required
 - Application Fee

OFFICE USE ONLY

Complete Application Received: _____ Fee Received: _____ By: _____

Planning: Approved Denied Other: _____ Date: _____