



City of Hamtramck
Rana Faraj
City Clerk

FOOD TRUCK / VENDOR LICENSE APPLICATION

Incomplete Applications cannot be accepted

Name of Business _____
Business Address _____
Business Phone _____ Business Fax _____
E-Mail _____ Number of Employees _____
Business Tax ID# _____

Business Owner Name _____
Owner's Address _____ E-Mail _____
Date of Birth ___/___/___ Phone Number: _____
Driver's License or State ID Number _____
Gender: M F Social Security Number XXX-XX-____

Emergency Contact Name: _____ Phone #: _____

AFFIDAVIT

I certify that the statements made in this application are true and complete to the best of my knowledge.
Furthermore, I am in full compliance with City Code Section 110.006, which in part states that applicants must not be indebted or obligated in any manner to the City except for current real estate taxes.

_____/_____/_____
Signature Printed Name Date

ANNUAL LICENSE FEE \$100

DISCLAIMER

Applicants understand that they are responsible for obtaining all applicable governmental approvals necessary to operate their business in the city. Applicants further understand that their businesses must receive formal approvals and/or licenses from several city departments and, depending on the business, from state, county and Federal authorities before they can open their business. These licenses and approvals do not necessarily happen all at once or in sequence. License approval by one department within the city or by governmental entities does not guarantee that all license approvals necessary for opening your business will be obtained. Initiation of business planning approved construction activity or partially approved business operations shall be undertaken at the applicant's own risk that other required approvals will not be obtained and commencement of contemplated business operations fully approved. Applicants expending funds prior to obtaining all required licenses, permits and approvals do so at their own risk.

I have received a copy of this disclaimer from the City of Hamtramck.

_____/_____/_____
Signature Printed Name Date

ALL LICENSES EXPIRE ON APRIL 30th

If translation services are needed to complete or understand documents, please contact the department head to request accommodations.

إذا كنت بحاجة لخدمات الترجمة لإكمال أو فهم المستندات، يرجى الاتصال بمشرف القسم لطلب الإفادة.

যদি নথি সম্পন্ন বা বোঝার জন্য অনুবাদ পরিষেবার প্রয়োজন হয়, অনুগ্রহ করে বাসস্থানের জন্য অনুরোধ করার জন্য ডিপার্টমেন্ট সুপারভাইজারের সাথে যোগাযোগ করুন।