



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 _____

Business Tax ID# _____

Number of Employees _____

Business Owner Name _____

Owner's Address _____

Date of Birth ____/____/____ Social Security Number XXX-XX-____

Phone Number: _____ Driver's License or State ID Number _____

Email _____

By providing your email, applicant gives consent to receive correspondence electronically

Emergency Contact Name: _____ Phone #: _____

**PLEASE, SIGN AFFIDAVIT ON THE BACK OF THIS FORM
BEFORE RETURNING YOUR APPLICATION**

3401 Evaline, Hamtramck MI 48212
313-800-5233 ext. 821

AFFIDAVIT

ANNUAL LICENSE FEE \$100

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 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

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 لحساب الإقامة.

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