 Town of Wellfleet **2018**

300 Main Street

Wellfleet, MA 02667

**FOOD TRUCK LICENSE APPLICATION**

Fee 150.00

BOH Fee 100.00

Processing Fee 50.00

**TOTAL $300.00**

Business Name/Map/Lot

Mailing Address

Town/State/Zip

Business Street Address

Business Telephone No. Cell Federal ID Number

Manager E-Mail Address

LICENSE TYPE: Annual ►Seasonal

General Class II Retail Food

Charter Boat Class IV ►Food Service

►Common Victualler Automatic Amusement Residential Kitchen

Sunday Entertainment Taxi Catering

Weekday Entertainment Driver CMT

►Food Truck Trash Hauler Bed & Breakfast

If applicant is an individual or partnership, please answer below:

a. Telephone

b. Name

c. Mailing Address

If applicant is a corporation or trust, please answer below:

List the titles of all officers and manager:

Title Full Name Home Address

Corporate or Trust Name

Corporate Mailing Address

Corporate Telephone

PROVIDE THE FOLLOWING INFORMATION WITH RESPECT TO EACH LOCATION:

What will be the hours of operation?

Time(s) of Peak Customer Activity:

Est. Number of Customers at Peak Time(s):

Est. Number of Employees at Peak Time(s):

What provisions have been made for trash, wastewater, potable water, electric and recycling?

LIST THE LOCATIONS WHERE THE MOBILE FOOD VEHICLE WILL BE DEPLOYED AND ATTACH A SKETCH OF HOW THE VEHICLE WILL BE POSITIONED AND OTHER DETAILS OF THE AREA TO BE LICENSED.

Location(s)

I certify under the penalties of perjury that I, to the best knowledge and belief, have filed all state tax returns

and paid all State taxes under law. I further certify that in the conduct of this business I will abide by all Town

bylaws and regulations.

\*Signature of Individual or Signature of Corporate Name (Mandatory if Applicable)

Corporate Officer w/Title (Mandatory)

Federal Identification No. Date of Application

\*Approval of a contract or other agreement will not be granted unless this certification clause is signed by the applicant.

\*\* Your social security number will be furnished to the MA Dept. of Revenue to determine if you have met tax filing or

payment obligations. Providers who fail to correct their non-filing or delinquency will not have a contract or other

agreement issued, renewed or extended. This request is made under the authority of M.G.L. c. 62C s. 49A.

FOR OFFICE USE ONLY BELOW THIS LINE

Police Date Comment

Fire Date Comment

Tax Date Comment

Building Date Comment

Health Date Comment

Received \_\_\_\_\_\_\_\_\_\_\_ By (initials) \_\_\_\_\_\_\_\_ Fee Received Insurance Date Issued

BOH # CV # FT #