

**CITY OF GUTTENBERG
MOBILE VENDOR PERMIT APPLICATION**

NAME OF APPLICANT: _____

SSN or DRIVERS LICENSE #: _____

ADDRESS OF APPLICANT: _____

CITY AND STATE: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

NAME OF APPLICANT'S COMPANY: _____

ADDRESS OF COMPANY: _____

COMPANY CITY AND STATE: _____

COMPANY PHONE NUMBER: _____

COMPANY EMAIL ADDRESS: _____

MAKE/MODEL/YEAR OF MOBILE UNIT: _____

LENGTH/WIDTH/HEIGHT OF MOBILE UNIT: _____

DESCRIPTION OF ITEMS TO BE SOLD: _____

Type of Permit Requested (circle one):

MOBILE FOOD UNIT: 1 Day / 6 Month / 1 Year (Circle One)

DATE(S): _____

