



Kidder Township Vending Cart & Mobile Food Truck Application

This form is intended for a mobile food vendor to use to request approval for the operation of a mobile food dispensing cart or vehicle to sell food to the general public, located on private property, containing a principal building or use within the Township of Kidder.

New License Renewal License Annual Fee \$300.00 Date of Application ___/___/___

PART 1: APPLICANT INFORMATION

Name and Business Name _____
Address _____
City, State, Zip _____
Telephone _____
E-mail Address _____
Vehicle Owner _____

PART 2: PROPERTY OWNER INFORMATION

Property Owner Name _____
Address _____
City, State, Zip _____
Telephone _____
E-mail Address _____

PART 3: PROPOSED VENDING SITE INFORMATION

Proposed Site Address _____

Hours of Operation
Allowed by Ordinance are
7:00 a.m. – 11:00 p.m.
Proposed Hours of
Operation _____

Description of food and/or
beverages to be sold _____



Kidder Township Vending Cart & Mobile Food Truck Application (continued)

Property Owner Authorization Affidavit

I, _____, being the owner of the property located at
Property owner name

_____, Kidder Township, hereby authorize
Address of Proposed Vending Site

_____ to operate a mobile food dispensing vehicle on
Mobile Food Dispensing Vehicle Applicant Name

the property listed above.

Furthermore, as the property owner I:

1. Will require that the mobile food vendor meets all applicable federal, state and local statutes, regulations, laws, ordinances, rules and codes; including but not limited to license, registration and/or permitting requirements regarding his/her specific business;
2. Understand the Township requirements governing mobile food dispensing vehicles and that I may be held responsible, along with the food vendor, for any code violations; and
3. Understand that I will ensure that the property is continuously maintained in a neat, clean and orderly manner.

By signing this document, I hereby acknowledge that I have read and understand my responsibilities regarding mobile food dispensing vehicles, on this _____ day of _____, 20_____.

Property Owner Signature

Print Name

Mailing Address

City, State & Zip Code

DOCUMENT NOTARIZATION

State Of: _____

County Of: _____

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

(SEAL)