



11408 Municipal Center Drive  
Farragut, TN 37934  
Phone (865) 966-7057 Fax (865) 675-2096

## MOBILE FOOD VENDING ANNUAL PERMIT

MOBILE FOOD VENDOR/FOOD TRUCK NAME: \_\_\_\_\_

### Applicant Information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MOBILE PHONE #: \_\_\_\_\_

### Business Information

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

WEBSITE ADDRESS:  
\_\_\_\_\_

### GENERAL BUSINESS DESCRIPTION

Please provide a brief description of the nature of the business and the goods to be sold, (grilling, frying, hot beverage service, etc.).

Food Products:

\_\_\_\_\_

\_\_\_\_\_

Food preparation methods:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other cities or towns, if any, where within the past twelve (12) months the applicant conducted business immediately preceding the date of this application.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NOTE: By signing this application, I acknowledge that all information is accurate, that I will only operate this mobile food unit in accordance with Town of Farragut Municipal Code Chapter 8, Article 3-Mobile Food Vending Permit.**

SIGNATURE OF APPLICANT: \_\_\_\_\_



## MOBILE FOOD VENDING PERMIT

### Required Documents Checklist & Inspection

Applicant Required Items	Applicant	Staff
<b>Copy of Knox County Health Dept. License</b>		
<b>Copy of Government Issued ID</b>		
<b>Vehicle Registration Information</b>		
<b>Copy of Proof of Liability Insurance, if applicable</b>		
<b>Application Fee Submitted</b>		

Fire Inspectors Notes

Staff use only	
<b>Fire Inspection</b>	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
<b>Decal Issued</b>	Date: _____

Fire Marshal or Designee Signature \_\_\_\_\_

Approval Date: \_\_\_\_\_