



The City
of
Oxford
MISSISSIPPI

APPLICATION FOR MOBILE FOOD VENDING PERMIT
THIS APPLICATION MUST BE NOTARIZED.
PERMIT FEE: \$275 PER MOBILE VENDING UNIT PER YEAR

APPLICANT INFORMATION (PLEASE PRINT)

Name: _____

Home Phone Number: _____ Cell Phone Number: _____

E-mail address: _____

Physical Address: _____

(City) (State) (Zip Code)

Mailing Address: _____

(City) (State) (Zip Code)

Social Security Number and/or Federal ID Number: _____

BUSINESS INFORMATION (PLEASE PRINT)

Name of Business: _____

Business Owner: _____

Business Address: _____

Business Telephone Number: _____ Business Fax Number: _____

State Tax ID Number: _____ Zoning Classification: _____

City of Oxford Privilege License Number: _____

MS Department of Health Food Service Permit Number: _____

Location Applied For (Street Address or Description of Location): _____

Vending Type: () Mobile Push Cart () Mobile Food Vehicle

Brief description of food and beverages to be sold: _____



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Days of Operation: _____ to _____ Hours of Operation: _____ to _____

Number of Employees for Request Site: _____

**PLEASE READ ARTICLE VI. MOBILE FOOD VENDING SECTION 66-116 OF THE CITY OF
OXFORD CODE OF ORDINANCES**

I, _____, hereby attest that the information provided above is true and accurate to the best of my knowledge and is submitted for the purpose of applying to the City of Oxford for a Mobile Food Vending Permit. I agree to comply with the City of Oxford policies and procedures as described in Article VI. Mobile Food Vending Section 66-116-121 for obtaining a permit pursuant to the City of Oxford Mobile Food Vending Ordinance. In the event that the permit is terminated, the Mobile Food Vending Permit is immediately suspended and all operations must cease.

I, _____, will indemnify and hold harmless, the City of Oxford, its officers and employees, for any loss or liability or damage, including costs, for bodily injury or property damage sustained by a person as a result of the negligent installation, use, or maintenance of a permitted space.

SIGNATURE

DATE

Subscribed and sworn before me, this the _____ day of _____ 20_____.

My Commission Expires: _____
DATE

NOTARY PUBLIC

PLEASE COMPLETE THIS CHECKLIST BEFORE SUBMITTING THE APPLICATION:

- MS Department of Revenue Sales Tax Account Number
- MS Department of Health Food Service Permit
- Proof of a Valid Insurance Policy with a Minimum Liability Coverage of \$500,000
- City Fire Inspector Approval
- Property Owner Consent Form