



The City  
of

**Oxford**  
MISSISSIPPI

**CITY OF OXFORD, MISSISSIPPI**  
**OWNER'S CONSENT FORM FOR MOBILE FOOD VENDOR OPERATION**

**BUSINESS INFORMATION (PLEASE PRINT)**

Name of Business: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

City of Oxford Mobile Food Vendor Permit Number: \_\_\_\_\_

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

**PROPERTY OWNER INFORMATION (PLEASE PRINT)**

Name of Property Owner: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
(City)                                    (State)                                    (Zip Code)

Zoning Classification: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ to \_\_\_\_\_                                    Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
**(Business Owner Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Property Owner Signature)**

\_\_\_\_\_  
**(Date)**