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

PROPERY 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)**