## **City of Davison**

## **Downtown Development Authority**

200 E. Flint Street, Ste. 2, Davison MI 48423

## APPLICATION FOR MOBILE FOOD VENDING LICENSE

Please contact the Event Coordinator, Jessica Abraham With any questions at (810)444-8824 or coordinator@davisondda.org Visit our website at www.davisonddan.org

1. APPLICANT		
Name:		
Address:		
Email:		
Phone Number(s):		
2. BUSINESS		
Name of Business:		
Event Name (if applicable):		
Date of Operation (if applicable):		
Food Products Offered for Sale:		
Description of Vending Unit:		
Proposed Hours of Operation:		
Intended Area of Operation:		
Plans for Electrical Access, Wastewater, and Trash Disposal:		
3. VENDING UNIT INFORMATION		
Make of Vending Unit:		
Model of Vending Unit:		
Year of Vending Unit:		
Vehicle Identification Number (VIN):		
License Plate:		
4. APPLICATION TYPE AND FEE		
Please select one:		
• \$50 Single Event • \$75 Two	Event •	\$100 Three Events
Please select Event(s):		·
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Festival of Flags Parade "Try a Truck"     Pumpkinf		Christmas on Main Street
Wednesday, June 7, 2023 4-8pm Saturday,	October 14, 2023 All Day	Friday, December 1, 2023 6-8pm
GENERAL APPLICATION REQUIREMENTS		
Please confirm that the following items have been included with your application.		
riease commin that the following items have been included with your application.		
1 If vending on City Property, certificate of general liability insurance with City as additional insured (\$1 million per		
occurrence) 2. Copy of Health Department License		
3. Copy of State issued photo ID for all employees		
5 Fee as outlined in Application		
I have read and understand the rules and regulations for a mobile food vending unit (attached)		
<ul> <li>I herby attest that all information on this application is, to the best of my knowledge, true and accurate.</li> </ul>		
Applicant Signature		Date:
Applicant Signature:		Date: