

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 www.davisondda.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):

Festival of Flags Parade "Try a Truck"
Wednesday, June 5, 2024 4-8pm

Pumpkinfest
Saturday, October 12, 2024 All Day

Christmas on Main Street
Friday, December 6, 2024 6-8pm

GENERAL APPLICATION REQUIREMENTS

Please confirm 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
4. ____ Copy of Michigan Sales Tax License
5. ____ Fee as outlined in Application

I have read and understand the rules and regulations for a mobile food vending unit (attached)

I hereby attest that all information on this application is, to the best of my knowledge, true and accurate.

Applicant Signature: _____

Date: _____