



Business License



Date _____
Tracking Number _____

FOOD TRUCK PERMIT APPLICATION (SUPPLEMENT I)

This application **MUST** be submitted with the Occupational License MASTER APPLICATION

BUSINESS INFORMATION

Trade Name _____

Legal Name _____

Business Address/Business Location _____

City _____ State _____ Zip _____

Mailing Address _____

Commercial Insurance Carrier _____ Policy Number _____ Expiration Date _____

APPLICANT PRIMARY CONTACT INFORMATION

Applicant Name _____ Phone _____

Applicant Address _____

City _____ State _____ Zip _____ Email _____

VEHICLE INFORMATION

Vehicle Type Self-Propelled 5th Wheel Tow Bumper Tow Other (specify) _____

Vehicle Make _____ Vehicle Model _____ Vehicle Year _____

Vehicle Length _____ ft Vehicle Width _____ ft Vehicle Height _____ ft Number of Axels _____

Will Propane (LPG) Tanks be used? Yes No If yes, how many? _____ Tank Size _____

Will Generator be used? Yes No Is Cooking Hood System installed? Yes No

What type(s) of fuel does appliance(s) use? Electric Gas

What type(s) of appliance(s) will be used? Deep Fryer Griddle Stove Other (Describe) _____

Name of Person or Entity Listed on Registration _____

Registration Number _____ Expiration Date _____ License Plate _____

VIN _____

Vehicle Insurance Carrier _____ Policy Number _____ Expiration Date _____

SALES INFORMATION

Please describe the specific items to be sold from the franchise location in the box below.

APPROVED DRIVERS

Name	Address	Phone	Louisiana License Number



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FOOD TRUCK PERMIT APPLICATION

(SUPPLEMENT I)

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REQUIRED ATTACHMENTS

- A copy of the mobile food truck's valid registration with the Louisiana Department of Motor Vehicles . All trucks must be registered in the State of Louisiana.
- A copy of automobile insurance for the mobile food truck, providing insurance coverage for any auto mobile accident that may occur while driving on the road.
- A copy of your commercial general liability insurance coverage policy with liability coverage of at least \$500,000, naming the City as an insured party, providing insurance coverage for any accident that may occur while selling your food and conducting your business on the public rights-of-ways . This coverage must be valid at the time of application and throughout the year when the permit is valid . The official address of the City for insurance purposes is 1300 Perdido St., New Orleans, LA 70112 .
- All approvals, inspections, and certificates required by the State Department of Health and Hospitals. For questions regarding the State Health requirements , please call 504-568-7970 .
- New Orleans Fire Department will inspect all vehicles after applications are submitted. For questions regarding Fire requirements , please call 504-658-4770 .
- A photo of the mobile food truck indicating the dimensions . No mobile food truck can exceed 26 feet in length or 8 feet in width.
- A copy of your valid Louisiana Driver's license and each approved driver.

ACKNOWLEDGMENTS

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature _____ Date _____