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**City of Arkadelphia
Annual Mobile Food Permit Application
(Expires December 31st of each year)**

Business Information

Date: _____

Business Name: _____

Owners Name: _____ Emergency Contact: _____

Business Phone: _____ Email: _____

Mailing Address: _____

Business Type: *(Check all that apply)*

Business Association: *(Check one)*

- _____ Catering Only
- _____ *Concessionaire/Event Vendor

- _____ Corporation
- _____ LLC (Limited Liability Company)
- _____ General Partnership
- _____ Sole Proprietorship

*Concessionaire/Event Vendors are required to list where they will be doing business in Arkadelphia

Business Federal ID# or Social Security # _____

Driver's License# _____ State issued: _____

Arkansas State Sales Tax# _____

Personal Information

Applicant Name: _____

Applicant Address: _____

Applicant Phone: _____ Applicant Email: _____

Applicant DL# _____ State issued: _____

Signature: _____ Printed Name: _____

OFFICE USE ONLY
Approved by: _____
Date: _____