City of Phoenix
City Clerk Department
License Services Section

STAFF USE ONLY
Business License Number:
_____
☐ Mobile Vendor (0974)
☐ Mobile Food Vendor (0975)
NSD TRACKING NUMBER:
_____

MOBILE VENDOR / MOBILE FOOD VENDOR LICENSE APPLICATION

1. Name of Mobile Vending Operation:

2. Location of Mobile Vending Operation:
_____
Street Address
_____
City, State, Zip
_____
Business Phone, if any

7. Business Type (check one):
☐ Individual ☐ Corporation
☐ Partnership ☐ LLC
☐ Other (specify) _____

If the business is a corporation, partnership, or LLC, applicant information must be provided for all shareholders, partners or members.

8. Today's Date:
/ /

9. Privilege Tax License Number:

10. Business will sell:
☐ Food
☐ Non-Food Items

3. Who owns the mobile vending operation? (if a corporation, partnership or LLC, list company name):

4. Previous Business Name, Location, or Owner:

5. Will a motor vehicle be used in connection with the mobile vending operation?
☐ Yes ☐ No

If yes, please provide the following information:
_____
Vehicle Year, Make, Model, Color
_____
License Plate Number/State

A copy of a current Arizona vehicle registration must be submitted with this application.

6. Who is the **owner of the site** where the mobile vending operation is located?
_____
Name
_____
_____
Mailing Address
( )
Telephone Number

A copy of a deed, current lease or notarized permission form must be submitted with this application showing how long the business has been at the location.

11. Briefly describe the items to be sold:

12. If food will be sold, do you have a Maricopa County Mobile Food Vendor Permit?
☐ Yes ☐ No

A copy of a current Maricopa County Mobile Food Vendor Permit must be submitted with this application if food will be sold.

13. Who is the **manager** of the business?
_____
Name
_____
_____
Residence Address
( )
Telephone Number
_____
Driver's License Number/State

14. Who is the **designated agent** for the business?
(This person will receive notices from the City.)
_____
Name
_____
_____
Residence Address
( )
Telephone Number
_____
Driver's License Number/State

15. Have you prepared a site plan (diagram) showing compliance of your business with the Zoning Ordinance and the distance requirements set forth in the Mobile Vending Ordinance? ☐ Yes ☐ No ***If you need help preparing the site plan, please call Neighborhood Preservation at 602-262-7844.***	16. Will the mobile vending unit require a water or power hook-up at the site? ☐ Yes ☐ No ***If yes, the property owner must get a permit and inspection approval from Development Services Department and have a copy of that approval in the mobile vending unit BEFORE operating.***

Applicant Information: (for corporation, partnership or LLC, attach additional sheets as needed)

17. Full Name:		21. Other names used in past 5 years (including maiden name):		
18. Current Residence Address:		22. Other addresses in past 3 years (include dates):		
19. Mailing Address for City Notices (if different):		23. Place of Birth:	24. Date of Birth:	
20. Home Telephone Number: (include area code)		25. Message number: (include area code)		
26. Driver's License Number/State:	27. Height:	28. Weight:	29. Hair Color:	30 Eye Color:

31. ***Written proof of age must be submitted with this application. Acceptable proof includes picture driver's license or other current photo identification document issued by a governmental agency.***

Type of I.D.: _____ I.D. Number: _____ State:_____ Expires: _____

32. Have you ever had a mobile vendor license revoked or suspended?

☐ Yes ☐ No If yes, when and where?

33. Please list all felony and misdemeanor convictions (excluding minor traffic offenses) in the past 5 years (If none, please write "NONE" and initial):

34. Please list all notices or citations you have received for violations of either the Zoning Ordinance or the Mobile Vending Ordinance in the past 5 years: (If none, please write "NONE" and initial.)

35. Applicant Signature: Corporate Title (if applicable): Date:

DO NOT WRITE BELOW THIS LINE -- FOR STAFF USE ONLY

Property Owner	Health Permit	Vehicle Reg.	Proof of Age	Site Plan	Fingerprint	Cashier	Staff Initials
☐ Lease ☐ Perm.	☐ Exp: _____	☐ Exp: _____	☐	☐	☐	☐	

☐ Approved ☐ Disapproved

_____
License Services Supervisor

_____/_____/_____
Date

Departmental Recommendation: ☐ Approved ☐ Disapproved

NSD: _____ ____/____/____

Police: _____ ____/____/____

Mobile Vendor License Application - Continued

Business Name _____ **License No.** _____

Additional Applicant Information (if more than one applicant):				
17. Full Name:		21. Other names used in past 5 years (including maiden name):		
18. Current Residence Address:		22. Other addresses in past 3 years (include dates):		
19. Mailing Address for City Notices (if different):		23. Place of Birth:	24. Date of Birth:	
20. Home Telephone Number: (include area code)		25. Message number: (include area code)		
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Proof of Age	Fingerprint	Staff Initials
☐	☐	

Police Department Recommendation:

☐ Approved ☐ Disapproved

_____ ____/____/____