



FOOD TRUCK RECIPROCITY APPLICATION

BUSINESS INFORMATION:

Name of Business: _____ dba: _____

Originally Licensed in the City of: _____ Original License expires on: _____

Fire Inspection approval date: _____ Health Department Permit expires on: _____

Please Note: Health Permit must be issued from the Bear River Health Department

APPLICANT CONTACT INFORMATION:

Name: _____ Business Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Food Truck Vehicle License Plate Number: _____

Email: _____

REVIEW AND INITIAL THE FOLLOWING:

I understand that it is my responsibility to submit proof of my original business license, passed fire inspection, Bear River health permit, and pay annual review fee, **prior to** the original license expiration date every year I wish to conduct business in Smithfield City: _____

I understand that this form does not grant permission to attend and/or participate in special events, which is subject to a different approval process: _____

I understand that it is my responsibility to contact the city with any questions relating to the Smithfield City Code: _____

I understand that I must acquire the permission of the private property owner prior to conducting any business on private property: _____

I understand that I may not sell anything on public property, unless in conjunction with a city sponsored event or an approved special event: _____

I DECLARE THAT THE INFORMATION SET FORTH HEREIN (AND ATTACHED) IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT TO FALSIFY ANY INFORMATION ON THIS FORM MAY RESULT IN LEGAL ACTION. THIS LICENSE IS NONTRANSFERABLE.

Signature: _____ Date: _____

For Office Use Only:

Business License Number: _____

Application Reviewed & Approved by: _____

Reciprocity Fee: \$25