

City of Sioux Falls Mobile Food Vendor Permit Application



Please allow seven to ten business days to process application.

Renewal New Application For Year: 20____

APPLICANT/PRIMARY OPERATOR

Applicant Name: _____
(Last, First, Middle)

Home Address: _____

Home/Cell Phone Number: _____ Date of Birth: _____

Driver's License Number and State Issued: _____

Social Security Number: _____ Race: _____

Sex: Female Male Email Address: _____

BUSINESS

Business Name: _____

Business Owner's Name and Phone Number: _____

Business Owner's Email Address: _____

Local Business Address: _____

Local Business Phone Number: _____

Permanent Business Address: _____

Permanent Business Phone Number: _____

SD Sales Tax Number: _____

Liability Insurance Policy Number: _____ Expiration Date: _____

List the last five (5) cities/states where the applicant has worked before coming to the city of Sioux Falls, if any:

List all states where the applicant has resided:

Period of time the applicant wishes to engage in business within the city:

Has the applicant been convicted of any crime, misdemeanor, or violation of any state or federal law or municipal ordinance or code **OTHER THAN TRAFFIC OFFENSES**? If so, list the nature of the offense, the punishment or penalty assessed, if previously convicted, and the place of conviction, if any. **Please note:** This portion is meant to include any ordinance violations as described above, upon turning or after the age of 18.

RENEWALS ONLY: List all convictions (except traffic offenses) since the last application.

If there are none, you must write "None."

FAILURE TO ANSWER ANY QUESTION HONESTLY MAY RESULT IN DENIAL OF A MOBILE FOOD VENDOR LICENSE.

In the event my application is approved, I hereby agree to hold harmless the City and shall indemnify the City, its officers, and employees, for any claims for damages to property or injury to persons, which may occur in connections with any activity carried on pursuant to any activities associated with mobile food vending. _____ (Applicant Initials)

Application made this _____ day of _____, 20 **X** _____
 Applicant's Signature

TO BE COMPLETED BY CITY OF SIOUX FALLS	
A fee of \$75 has been paid to the Police Records Section as recorded on:	<input type="checkbox"/> Email Approval from Sioux Falls Health Department _____ Date
Receipt No.: _____ Dated: _____	<input type="checkbox"/> Email Approval from Sioux Falls Fire Department _____ Date
	<input type="checkbox"/> _____ Date Approved by Sioux Falls Police Department

License fee is not refundable. License is not transferable.

Submit completed application and supporting documentation to:

Sioux Falls Police Records, Law Enforcement Center, 320 West Fourth Street, Sioux Falls, SD 57104.
 Phone number 605-367-7226. Business hours: Monday–Friday, 8 a.m. to 5 p.m.

Application Requirements:

- (1) Completed Application.
- (2) \$75.00 application fee.
- (3) Clear photocopy of government-issued photo identification.
- (4) Policy of insurance listing the City of Sioux Falls as an additional insured and carry minimum liability limits of at least \$1,000,000 per occurrence.
- (5) Verification of commercial license plates (Vehicle Registration Slip).
- (6) Completed Fire Inspection.
- (7) Completed Health Inspection.