

Bois Blanc Township

Food Truck Application Applicant (an issued license is good from April 1 through March 31st)

Name: _____ Date: _____

Business Name _____

Business Address _____

Phone # _____ Email: _____

Drivers License # _____ DOB _____

Vehicle Plate # _____

Vehicle Year _____ Make _____ Model _____

Brief description of Products: _____

REQUIRED WITH APPLICATION:

*Copy of Health Dept or MDARD License. _____

*Copy of Liability Insurance \$500,000 min. _____

*Current Vehicle Proof of Insurance. _____

*Check made out to Bois Blanc Township \$50.00

Applicant signature

Date

By signing above, I represent that:

- 1) The information and attachments are true, accurate and complete.
- 2) I have read and will comply with the BBT Food Truck Ordinance

Application Approved/Denied _____ Date _____

TWP Clerk Sig _____