

MOBILE FOOD VENDOR LICENSE APPLICATION

Town of Sheridan
506 S Main Street
Sheridan, IN 46069
317-758-5293

1. License Length and Fee Application

Length of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License:	24 Hours	3 Days	7 Days	30 Days	3 Months	6 Months	1 Year
License Fee:	\$25	\$30	\$50	\$75	\$150	\$200	\$350

2. Applicant Information

Name:		
Title/Position:		
Date of Birth:		
Address:		
City, State, Zip:		
E-Mail Address:		
Phone Number:		Mobile Phone:

3. Indiana Contact Information

Name:		
Address:		
City, State, Zip:		
E-Mail Address:		
Phone Number		Mobile Phone:

4. Company Information

Name:					
Address of Employer:					
City, State, Zip:					
Employment Start Date:				End date if known:	
Phone Number:					
Website/Email:					
Company is a:	<input type="checkbox"/> Limited Liability Corporation (LLC)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other:

5. Company Officer Information

Please provide the names and addresses of all principal officers, partners, trustees, owners, or other persons with controlling interests in the company.	
Name	Address

6. Company Incorporation Information (For Corporations and LLC's Only)

Date of incorporation or organization:	
State of incorporation or organization:	
(If Not Indiana) Date qualified to transact business in state of Indiana:	

7. Description of product or service to be sold and any equipment to be used:

Planned hours of operation:	
Place or places where you will conduct business (If private property, attach written permission from property owner):	
Have you had a similar license, either from the Town of Sheridan, or a different municipality, revoked?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes Provide Details:	

8. You are required to secure, attach, and submit the following:

<input type="checkbox"/>	Proof of insurance in accordance with the limits according to Town of Sheridan
<input type="checkbox"/>	Release of liability wherein the Applicant agrees to indemnify and hold harmless the Town of Sheridan for losses or expenses arising out of the operation of his/her business
<input type="checkbox"/>	A copy of your business's registration with the Indiana Secretary of State
<input type="checkbox"/>	A copy of your Employer ID number
<input type="checkbox"/>	A signed copy of the Prohibited Location Agreement
<input type="checkbox"/>	A signed copy of the Standards of Conduct Agreement
<input type="checkbox"/>	Fire inspection (if required)
<input type="checkbox"/>	Picture of the mobile food vendor
<input type="checkbox"/>	Copy of all applicable permits required by the Monroe County Health Department, including but not limited to a Food Service Establishment License or a Certified Food Handler

For Town of Sheridan Use Only:

Date Received:	Received by:	Date Approved:	Approved By: