

Business License



Date	_____
Tracking Number	_____

## FOOD TRUCK PERMIT APPLICATION

## (SUPPLEMENT I)

**This application MUST be submitted with the Occupational License MASTER APPLICATION**

### BUSINESS INFORMATION

Trade Name \_\_\_\_\_

Legal Name \_\_\_\_\_

Business Address/Business Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Commercial Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### APPLICANT PRIMARY CONTACT INFORMATION

Applicant Name \_\_\_\_\_ Phone \_\_\_\_\_

Applicant Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_

### VEHICLE INFORMATION

Vehicle Type  Self-Propelled  5th Wheel Tow  Bumper Tow  Other (specify) \_\_\_\_\_

Vehicle Make \_\_\_\_\_ Vehicle Model \_\_\_\_\_ Vehicle Year \_\_\_\_\_

Vehicle Length \_\_\_\_\_ ft Vehicle Width \_\_\_\_\_ ft Vehicle Height \_\_\_\_\_ ft Number of Axels \_\_\_\_\_

Will Propane (LPG) Tanks be used?  Yes  No If yes, how many? \_\_\_\_\_ Tank Size \_\_\_\_\_

Will Generator be used?  Yes  No Is Cooking Hood System installed?  Yes  No

What type(s) of fuel does appliance(s) use?  Electric  Gas

What type(s) of appliance(s) will be used?  Deep Fryer  Griddle  Stove  Other (Describe) \_\_\_\_\_

Name of Person or Entity Listed on Registration \_\_\_\_\_

Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ License Plate \_\_\_\_\_

VIN \_\_\_\_\_

Vehicle Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

### SALES INFORMATION

Please describe the specific items to be sold from the franchise location in the box below.

### APPROVED DRIVERS

Name	Address	Phone	Louisiana License Number

Business  
 License



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## FOOD TRUCK PERMIT APPLICATION

**(SUPPLEMENT I)**

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### REQUIRED ATTACHMENTS

- A copy of the mobile food truck's valid registration with the Louisiana Department of Motor Vehicles . All trucks must be registered in the State of Louisiana.
- A copy of automobile insurance for the mobile food truck, providing insurance coverage for any auto mobile accident that may occur while driving on the road.
- A copy of your commercial general liability insurance coverage policy with liability coverage of at least \$500,000, naming the City as an insured party, providing insurance coverage for any accident that may occur while selling your food and conducting your business on the public rights-of-ways . This coverage must be valid at the time of application and throughout the year when the permit is valid . The official address of the City for insurance purposes is 1300 Perdido St., New Orleans, LA 70112 .
- All approvals, inspections, and certificates required by the State Department of Health and Hospitals. For questions regarding the State Health requirements , please call 504-568-7970 .
- New Orleans Fire Department will inspect all vehicles after applications are submitted. For questions regarding Fire requirements , please call 504-658-4770 .
- A photo of the mobile food truck indicating the dimensions . No mobile food truck can exceed 26 feet in length or 8 feet in width.
- A copy of your valid Louisiana Driver's license and each approved driver.

### ACKNOWLEDGMENTS

I certify that the above information is true and correct to the best of my knowledge. I understand that the City of New Orleans is authorized to suspend or revoke a permit or license issued under the provisions of its Municipal Code wherever a permit or license is issued in error or on the basis of incorrect, inaccurate or any false statement or misrepresentation, or in violation of any ordinance or regulation or any of the provisions of the City of New Orleans Municipal Code, the Comprehensive Zoning Ordinance, the International Construction Code or International Fire Code as adopted by the City of New Orleans. Fines and penalties for misrepresentation of material facts will be assessed in accordance with City of New Orleans ordinances and State of Louisiana Revised Statutes. I understand that I must report any change in business ownership, operation, and/or address immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_