City of New Orleans
Department of Finance – Bureau of Revenue
1300 Perdido St. #1W15 – CITY HALL
New Orleans, LA. 70112
revenue.vendorpermits@nola.gov

CITY OF NEW ORLEANS

MOBILE UNIT VENDOR APPLICATION

	MOBILE FOOD TRUCK (9301)		MOBILE ICE CREAM (9303)
	MOBILE PUSHCART (9304)		MOBILE FRANCHISE

VENDOR INFORMATION

COMPANY / TRADE NAME		**ACCOUNT NUMBER** (if applicable)
OWNER NAME		**TAX ID NUMBER** FEIN OR SSN
CONTACT NAME	**TITLE**	
BUSINESS ADDRESS		**CITY, ST., ZIP**
MAILING ADDRESS if different from address above		
PHONE	**FAX**	**VENDOR EMAIL**
TAX EXEMPT? Y or N	**VENDOR WEBSITE**	

PREREQUISITES CHECKLIST

	Liability Insurance		Health Permit Certificate		Photo I.D.
	Vehicle Insurance/Registration		Fire Permit Certificate		Photo of Mobile Unit

REQUESTOR / VENDOR'S NAME	**SIGNATURE**	**DATE REQUESTED / SENT**

I AFFIRM THAT THE INFORMATION GIVEN ON THIS FORM IS TRUE AND CORRECT

******PLEASE PROVIDE COPY OF ACKNOWLEDGMENT CORRESPONDENCE OF PARTICIPATON FROM PROMOTER*******

SALES TAX RATE TOTAL (10%) = 5% - ORLEANS PARISH, 5% - STATE OF LOUISIANA

INTERNAL USE ONLY	**ACCOUNT NUMBER**	**OCCUPATIONAL LICENSE FEE**	**DATE RECEIVED**