



Resort Bear Creek Fire Department

373 North Division Road, Petoskey, Michigan 49770

• Phone: (231)347-2496 • Fax: (231)347-0736

APPLICAIN FOR MOBILE FOOD VENDING LECENSE

The Resort Bear Creek Fire Department requires that all mobile food vendors obtain a permit to operate on both private and public lands. After completing the information below, please return this form with your remittance to: Bear Creek Township Hall, 373 North Division Road Petoskey, Michigan 49770

BUSINESS INFORMANTION	
Business Name:	
Name of Food Truck:	
Address:	
City, State, Zip Code:	
Telephone Number:	Email Address:

APPLICANT INFORMATION	
Contact Name Representing Business:	
Vending Address:	
Telephone Number:	Email Address:

VENDING UNIT INFORMATION	
Make of Vending Unit:	
Model of Vending Unit:	
Year of Vending Unit:	
Vehicle Identification Number (VIN):	
License Plate:	

GENERAL APPLICATION REQUIREMENTS			
Please confirm that the fallowing items have been included with your application.			
YES		YES	
<input type="checkbox"/>	Copy of Health Department License	<input type="checkbox"/>	Photograph of the mobile food vending unit
<input type="checkbox"/>	Copy of Michigan Sales Tax License	<input type="checkbox"/>	\$100.00 Application Fee
<input type="checkbox"/>	Copy of State issued photo id for owner/applicant (Required for purposes of a background check)		
<input type="checkbox"/>	Contact the Resort Bear Creek Fire Department to schedule an inspection based on the International Fire Code as adopted by Bear Creek Township. See enclosed inspection form for reference. Fire inspections are valid for the calendar year in which the inspection was completed.		

SIGNATURES

As the applicant for a mobile food vending license, I hereby agree to comply with all requirements of the Bear Creek Fire Code Ordinance and County and State regulations. I confirm that all information that I have provided in this application is accurate to the best of my knowledge. I further authorize Township staff to enter the site for which this application is made. I understand this license is personal and non-transferable. I also understand this license may be revoked by the Fire Marshall.

I acknowledge that the Township may be required from time to time to release records in its possession. I hereby give permission to the Township to release any records or materials received by the City from myself as it may be requested to do so as permitted by the Freedom of Information Act, MCL 15.231 et seq.

Applicant

Date

If the applicant is not the property owner, the owner must sign below

Applicant

Date

FIRE USE ONLY

Fire Marshall Approval

Date

License Issued: Denied:

License Number: _____ License Effective through: _____