City of Revere

Office of the License Commission
City Hall

MOBILE FOOD VENDOR LICENSE APPLICATION

Licensee Name _____

d/b/a _____

Business Address _____

Mailing Address (if different) _____

Dimensions & Detailed Description of Truck/Trailer _____

_____

_____

Location of Operation _____

_____

Hours and Days of Operation _____

Detailed Description of Power Source _____

_____

_____

Business Telephone # _____ **Email address** _____

Owner _____ **Date of Birth** _____

Tax I.D. # _____ **Home Telephone #** _____

Home Address _____

Preferred Contact Information: _____

Name of property owner: _____

ASSESSORS MAP/BLOCK/PARCEL# **MAP**_____ **BLOCK** _____ **PARCEL** _____

Does any member of the above establishment/corporation have any criminal convictions? If so, please describe_____

_____

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all state tax returns and paid all state taxes required under law.

_____ _____

Print Name **Signature of Applicant**

ANY FALSIFICATION OF THE ABOVE INFORMATION WILL LEAD TO IMMEDIATE DENIAL/REVOCATION.

Approved _____ Denied _____