



Town Of Medley
Mobile Lunch Truck Business Tax Receipt Application

Type of Business

_____ New _____ Renewal

FOR OFFICE USE ONLY

Payment Date: _____

Cash: _____ Check _____

CC: _____

Total _____

License#: _____

Mobile # _____

1. **Date of Application:** _____
2. **Name of Business:** _____
3. **Phone No:** _____ **Fax:** _____ **Email Address:** _____
4. **Business Address:** _____ **City:** _____ **State:** _____ **Zip:** _____
5. **Mailing Address:** _____ **City:** _____ **State:** _____ **Zip:** _____
6. **Business Type:** _____

7. Principals of the _____ **Non-Corporation** _____ **Corporation**

- a. **Name:** _____ **D.O.B** ___/___/___ **Title:** _____
Address: _____ **Phone Number:** _____
- b. **Name:** _____ **D.O.B** ___/___/___ **Title:** _____
Address: _____ **Phone Number:** _____

8. Description of vehicle to be licensed

Year: _____ **Make:** _____ **Model:** _____ **Color:** _____

Tag Number: _____ **State:** _____ **Year:** _____

Vehicle Identification Number: _____

9. List Person(s) authorized to operate the above mentioned vehicle within the Town of Medley

1. **Name:** _____ **Phone Number:** _____ **D.O.B** ___/___/___
Address: _____ **City** _____ **State:** _____
Drivers License Number: _____ **Social Security Number:** _____
2. **Name:** _____ **Phone Number:** _____ **D.O.B** ___/___/___
Address: _____ **City** _____ **State:** _____
Drivers License Number: _____ **Social Security Number:** _____

Must submit the following requirements before license can be approved:

- 1- Miami Dade County Local Business Tax Receipt
- 2- Vehicle Registration
- 3- Hotel & Restaurant Division of State of Florida Department of Agriculture License

It is your responsibility to be aware of legal restrictions regarding your business that may be contained in the statutes, laws, codes, rules and regulations of the United States, the State of Florida, the County of Miami-Dade and the Town of Medley.

Affidavit

I, _____ - _____, certify under penalties of perjury, that I have read the entire application and
(Print applicant name) (Print Title)

The above stated information is true and correct. _____ (signature)

Sworn to and Subscribed before me by _____ who is personally known to me or has produced _____ as identification,
this _____ day of _____, 20 _____.

(Notary's signature and stamp)

Approved By: _____ **Date** ___/___/___ **(Code Compliance)**

Restrictions _____