



License # \_\_\_\_\_ Fee \$ \_\_\_\_\_ CK# \_\_\_\_\_ Date Iss: \_\_\_\_\_

**MOBILE LUNCH TRUCK BUSINESS TAX RECEIPT APPLICATION**

NOTICE: THIS APPLICATION WILL NOT BE ACCEPTED UNLESS IT IS COMPLETED IN FULL, SIGNED BY THE OWNER AND/OR OFFICER OF THE COMPANY AND RETURNED ALONG WITH A CHECK PAYABLE TO THE TOWN OF MEDLEY, MEDLEY, FLORIDA 33166. ATTN: TOWN CLERK (305) 887-6913)

PLEASE PRINT CLEAR OR TYPE:

AS PROVIDED BY THE TOWN OF MEDLEY ORDINANCE NUMBER #C-235

New License  Renewal

- 1). NAME OF BUSINESS: \_\_\_\_\_
- 2). STREET ADDRESS OF BUSINESS: \_\_\_\_\_
- 3). BUSINESS TELEPHONE NUMBER: \_\_\_\_\_
- 4). MAILING ADDRESS: \_\_\_\_\_
- 5). KIND OF BUSINESS: \_\_\_\_\_
- 6). TYPES OF FOOD SOLD: \_\_\_\_\_
- 7). PRINCIPALS OF THE ( ) NON-CORPORATON ( ) CORPORATION  
 NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_  
 NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ TITLE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ HOME PHONE ( ) \_\_\_\_\_

8). DESCRIPTION OF VEHICLE TO BE LICENSED: \_\_\_\_\_ COLOR: \_\_\_\_\_  
 YEAR: \_\_\_\_\_ MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ STATE: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 TAG NUMBER: \_\_\_\_\_  
 VEHICLE IDENTIFICATION NO.: \_\_\_\_\_

9). LIST PERSON(S) AUTHORIZED TO OPERATE THE ABOVE MENTIONED VEHICLE WITHIN THE TOWN OF MEDLEY, FLORIDA:  
 NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 DRIVER LICENSE NUMBER: \_\_\_\_\_  
 NAME: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE: \_\_\_\_\_  
 HOME PHONE ( ) \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 DRIVER LICENSE NUMBER: \_\_\_\_\_

**MUST SUBMIT THE FOLLOWING REQUIREMENTS BEFORE LICENSE CAN BE APPROVED:**  
**COPIES OF THE FOLLOWING)**

- 1-DADE COUNTY OCCUPATIONAL LICENSE.
- 2-VEHICLE REGISTRATION
- 3-HOTEL AND RESTAURANT DIVISION OF STATE OF FLORIDA DEPARTMENT OF AGRICULTURE LICENSE

PRINT APPLICANT'S NAME \_\_\_\_\_ APPLICANT'S SIGNATURE \_\_\_\_\_

FOR OFFICIAL USE ONLY: APPROVED BY: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CODE ENFORCEMENT

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ TOWN CLERK

\_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ MAYOR OR OTHER

SPECIAL RESTRICTIONS: \_\_\_\_\_