

City of Bozeman
Stiff Building
20 East Olive Street, Bozeman, MT 59715

License Number _____

- Mobile Vending Business License
 Downtown Mobile Vending - Downtown Business Improvement District Endorsement (Additional Fee)

Business Name _____

Mailing Address _____

Business Phone _____ Email Address _____

Owner

Full Legal Name _____

Primary Telephone _____ Secondary Telephone _____ State of Birth _____

Co-Owner or Manager

Full Legal Name _____

Primary Telephone _____ Secondary Telephone _____ State of Birth _____

Emergency Contact

Contact _____ Telephone Number _____

Please provide a detailed description of the proposed business.

Additional Required Information

Mobile Vending Unit _____
Type / Make _____ Model _____ License Plate _____

Generator Description _____
Make _____ Model _____ Decibel Rating _____

Fire Extinguisher _____
License Number _____ Service Date _____ Year _____

Please initial the line certifying that the items below have been submitted with the application.

- ____ Copy of Health Department License ____ Copy of Commercial General Liability Insurance
____ Picture of Mobile Vending Unit ____ Copy of Driver's License
____ Copy of Downtown Encroachment Permit (When Applicable)

Signature _____ Date _____

OFFICIAL USE ONLY

____ Building ____ Engineering ____ Fire ____ Police ____ Planning _____ License Printed (Date)



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MOBILE VENDING BUSINESS LICENSE APPLICATION

Mobile Vending Acknowledgement Form

To the Community Development Director:

I, the undersigned applicant for a Mobile Vending Business License, do hereby certify that I have read and understand the requirements and conditions of Article 3 of Chapter 28, Mobile Vending, and Chapter 12, Business Licensing, of the Bozeman Municipal Code. Furthermore, I agree to abide by these and all other requirements which regulate mobile vending in the City of Bozeman and comply with all applicable business license regulations.

Owner

Date

Owner Signature

Date

Business Name