

## **Food Truck Temporary Sales Permit**

Applicant:			
Address:			
none #: E-Mail:			
Description of Service:			
Name of Business:			
Drivers License #:			
Location of Sales Activity:			
Duration of Permit - Please see below for fees associated with duration.  *Note: No more than 3 consecutive days at one location.*			
From:1		Го:	
I hereby certify that the foregoing information is true and correct.			
Applicant Signature:		Date:	
See Village of Brooklyn Municode Ordinances at villageofbrooklyn.com: CHAPTER 22, ARTICLE II - DIV. 1 & DIV. 2			
Att	ach the following w	ith this applic	ation:
☐ Photocopy of Drivers License		☐ Photo of Truck, Stand, etc.	
☐ General Liability Insurance		☐ Jackson County Food Service License	
☐ Michigan Sales Tax License		☐ Signage -	Must comply with ordinance (Sec. 62-199, Sec. 62-203)
☐ Signed Letter From Property Owner With Permission to Use Property			
☐ Fee Paid  Mail check to address be	low, pay with cash, or cred	lit card (3% fee app	olies)
☐ \$35 (one day)	\$60 (one wee) (7 operating days		\$110 (one month) (30 operating days)
☐ Approved	☐ Denied	□ Co	nditions (see attached)
Administrator:			Date:
Clerk:			Date:

Village of Brooklyn: 121 N. Main St., PO Box 90, Brooklyn, MI 49230

Phone Number: 517-592-2591