



**CITY OF NICHOLS HILLS, OKLAHOMA**  
**Application for Mobile Food Vendor Permit**

Staff use only
Date filed _____
Fee receipt # _____

Completed applications and the required fee should be submitted to the Nichols Hills Public Works Department, 1009 N.W.75<sup>th</sup> Street, Nichols Hills, Oklahoma 73116

Applicant is encouraged to review the requirements of Chapter 24, *Health and Human Services*, Division 3, *Mobile Food Vendor Permits*, of the Nichols Hills City Code (“the Code”).

Attach a separate sheet to provide complete answers if necessary.

Applicant’s name: \_\_\_\_\_

Primary contact: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

Email address(es): \_\_\_\_\_

Description of applicant’s mobile food business: \_\_\_\_\_

Address of proposed services: \_\_\_\_\_

Individual or group requesting applicant’s services: \_\_\_\_\_

Proposed date of services: \_\_\_\_\_

Start and end times for proposed services: \_\_\_\_\_

Name and contact information of applicant’s representative who will be at the location during operation:  
\_\_\_\_\_

Type of vehicle proposed for services: \_\_\_\_\_

License number and make and model of vehicle proposed for services: \_\_\_\_\_

The following must be attached to this Application:

- 1. Proof of insurance.** Copy of certificate of insurance evidencing general liability and vehicular insurance in the amount required by the State of Oklahoma for the applicable vehicle.
- 2. Health Department Permit.** Copy of applicant’s Oklahoma State Department of Health permit.
- 3. Sales Tax Permit.** Copy of applicant’s Oklahoma Sales Tax Permit.
- 4. Permission.** Written permission for applicant’s proposed operation from the subject property owner.
- 5. Map.** Detailed map of the location where the vehicle will be placed.

This Application will be considered officially submitted and filed only after it is examined by the Public Works Clerk and found to have met the applicable requirements of the Code and those set out in this Application and after the fee required by Sec. 24-99 of the Code has been paid.

The above statements in this Application and all attachments to it are true and correct.

Submitted and agreed to this \_\_ day of \_\_\_\_\_, 202\_\_.

Signature: \_\_\_\_\_

Print applicant's full legal name: \_\_\_\_\_

Print signatory party's title if applicant is a legal entity: \_\_\_\_\_