



# FOOD TRUCK PERMIT APPLICATION

CITY OF HAVRE DE GRACE  
DEPARTMENT OF PLANNING  
711 PENNINGTON AVENUE  
HAVRE DE GRACE, MD 21078  
410-939-1800 410-939-7632 FAX

DATE APPLIED: \_\_\_\_\_ PERMIT FEE: \_\_\_\_\_ PAYMENT: \_\_\_\_\_

NEW APPLICATION

RENEWAL APPLICATION

BUSINESS NAME / TRUCK NAME

BUSINESS ADDRESS

CONTACT PERSON'S NAME

EMAIL ADDRESS

TELEPHONE NUMBER

DRIVER / SERVER NAME

TELEPHONE NUMBER

DESCRIPTION OF FOOD TRUCK (YEAR, MAKE, MODEL, COLOR, ETC.)

PROPOSED LOCATION (CHOOSE ONE):

- HUTCHINS PARK (FOUR SPACES)
- NORTH PARK (THREE SPACES - CONESTEO STREET LOOP)
- BOURBON STREETS (TWO SPACES - 100 BLOCK - N SIDE)
- PRIVATE PROPERTY


PRIVATE PROPERTY ADDRESS: \_\_\_\_\_ (ATTACH OWNER AUTHORIZATION FORM)

I HAVE READ THIS APPLICATION AND AFFIRM THAT THE INFORMATION I HAVE SUBMITTED ON IT TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I HAVE REVIEWED THE CITY'S "FOOD TRUCK REQUIREMENTS" UNDER §127-10 AND AGREE TO THE RULES AND REGULATIONS REGARDING OPERATION OF A FOOD TRUCK IN THE CITY OF HAVRE DE GRACE. I AGREE TO COMPLY WITH THE CODES AND LAWS OF THE CITY OF HAVRE DE GRACE AND THE STATE OF MARYLAND, WHETHER SPECIFIED OR NOT. THIS PERMIT SHALL EXPIRE NINETY (90) DAYS FROM DAY OF ISSUANCE AND A RENEWAL CAN BE REQUESTED FIVE DAYS PRIOR TO EXPIRATION.

FOOD TRUCK APPLICANT/ AUTHORIZED AGENT SIGNATURE

DATE

## FOR OFFICE USE ONLY

PERMIT NUMBER: \_\_\_\_\_ APPROVED BY: \_\_\_\_\_

DATE OF ISSUANCE: \_\_\_\_\_ 90-DAY EXPIRATION DATE: \_\_\_\_\_

CONDITIONS:

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