



Food Truck Takeover Application

Recreation Services Department
 860 North Sequoia Avenue
 Lindsay, CA 93247
 Office (559) 562-5196
 adasilva@lindsay.ca.us
 Website: www.lindsay.ca.us

Office Use Only:	
<input type="checkbox"/>	Food Truck Vendor
<input type="checkbox"/>	Food Pop-Up Vendor
<input type="checkbox"/>	Photo of Food Vendor Set-Up
<input type="checkbox"/>	Payment: _____ on: _____
<input type="checkbox"/>	Approved: _____ on: _____

All mobile vendors shall obtain a mobile vendor's permit pursuant to 5.37.050 Operational Requirements of the Lindsay Municipal Code. No applications shall be issued without evidence that the vendor has obtained all required permits. The original of the city business license, health permit, and any permit required by this chapter shall be always displayed conspicuously on the vehicle, as applicable.

APPLICANT INFORMATION:			
PREFERRED COMMUNICATION METHOD (CHECK ONE)			
C RESIDENCE ADDRESS		C BUSINESS ADDRESS	
C EMAIL		C TEXT	
Business Name:			
Main Contact Name:			
Residence Address:			
Business Address:			
Email Address:		Phone Number:	
Attach Copies:	<input checked="" type="checkbox"/> Photo of Food Truck or Tent Set-Up <input checked="" type="checkbox"/> Mobile Vending Permit (Lindsay City Services) <input checked="" type="checkbox"/> Food Vending Permit (Tulare County – Health Department) <input checked="" type="checkbox"/> Business License (Finance Department)		Office Use Only: <input checked="" type="checkbox"/> Photo of Truck or Tent <input checked="" type="checkbox"/> Mobile Vendor Permit <input checked="" type="checkbox"/> Food Vending Permit <input checked="" type="checkbox"/> Business License
Description of items you intend to sell:			
Price Range:			
Special Request:			

In consideration of the acceptance of my entry, I, for my heirs, executors, and administrators, release and forever discharge the City of Lindsay, their agents, representatives, volunteers, or employees, of all liabilities, claims, action, and all injuries that may be suffered by me or any merchandise before, during, or after the event.

Applicant Signature:		Date:	
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Office Use Only:			
Date Received:		Lindsay Resident:	C Yes C No
Notes:			