



Application for Mobile Food Vendor License
Office of the City Clerk
City of Owasso

All questions must be answered. Failure to answer all questions will result in the denial of your application.

Business Information:

Name of Business:

Business Mailing Address:

City: State: Zip Code:

Business Phone: Business Email:

Has the business obtained a City of Owasso Mobile Food Vendor Permit in the past? Yes No

Was the permit ever revoked? Yes No If yes, why?

Details of Food Service Provided:

Type of Food Service: Full-service Pre-packaged Pushcart Stationary
*Requires approval from Owasso Board of Adjustment

Description of food items to be sold:

Description of location(s) for provision of mobile food vending services:

NOTE: All mobile food vendors must have the express authorization of the land owner. Individuals wishing to conduct business on City property or in City parks should contact the City of Owasso to receive permission.

Health Department Information:

State Permit Number: Expiration Date:

County Permit Number: Expiration Date:

Oklahoma Sales Tax Information:

Permit Number: Expiration Date:

Employee Information:

If more than one individual will be employed for the business, personal information for each person must be provided. Failure to comply will result in the revocation of the permit.

Primary Employee

Last Name: First Name: Middle Initial:
Ethnicity: Sex: Date of Birth:
Height: Weight: Driver's License #: State:
Current Permanent Address:
City: State: Zip Code:

Employee #2

Last Name: First Name: Middle Initial:
Ethnicity: Sex: Date of Birth:
Height: Weight: Driver's License #: State:
Current Permanent Address:
City: State: Zip Code:

Employee #3

Last Name: First Name: Middle Initial:
Ethnicity: Sex: Date of Birth:
Height: Weight: Driver's License #: State:
Current Permanent Address:
City: State: Zip Code:

Employee #4

Last Name: First Name: Middle Initial:
Ethnicity: Sex: Date of Birth:
Height: Weight: Driver's License #: State:
Current Permanent Address:
City: State: Zip Code:

If more than four (4) individuals will be employed in the City of Owasso on behalf of the business, please fill out a second form to provide the information on the remaining individuals. Failure to provide the information for each individual will result in the denial or revocation of your license.

Vehicle Information:

Will a vehicle be used while conducting business in the City of Owasso? Yes No

Make: Model: Year:

Tag #: Issuing State:

If multiple vehicles will be used, please provide information for each vehicle:

Make: Model: Year:

Tag #: Issuing State:

Make: Model: Year:

Tag #: Issuing State:

Make: Model: Year:

Tag #: Issuing State:

Notice to Applicants:

All individuals conducting a Mobile Food Vending Service within the city limits of the City of Owasso must carry a copy of their city-issued permit with them at all times, and must produce this license for examination upon request by any officer of the City or by any other person.

It is the responsibility of the vendor to obtain the permission of any individual or business whose property is used to conduct business. Vendors wishing to conduct business on City property must obtain the permission of the City of Owasso beforehand.

Every individual, business, or organization who engages in the business of Mobile Food Vending in the City of Owasso shall procure from the City Clerk a permit, and shall pay a permit fee in relation to the type of service provided.

It is understood that if the applicant has been convicted of a felony or a misdemeanor involving moral turpitude within the past seven (7) years, or if any statement upon this application is false, the license will be denied or, if such falsehoods are discovered after issuance, revoked.

It is understood that if a permit is granted, said permit must not be used or represented in any way as an endorsement of the City of Owasso.

It is understood that the applicant must provide evidence, in the form of permit/license copies, of current and up-to-date information relating to State Sales Tax and Health Department Certifications. Failure to provide evidence will result in the denial of the application.

Authorization to Process Application:

By submitting this application, the applicant hereby authorizes the City of Owasso Police Department to gather personal information using the applicant(s) name and drivers license information.

Signed By

Date