



Mobile Food Vendor Pilot Program

City of Puyallup
Development Services
333 S. Meridian
Puyallup, WA 98371
Phone: 253-864-4165
www.cityofpuyallup.org

When preparing this application, please print or type the reply to each question. If you have any questions, please contact the Development Services Department at (253) 864-4165 or planning@ci.puyallup.wa.us. The following plans, specifications and other documents pertaining to the application shall be submitted at the time of filing. Please note that incomplete application packets cannot be accepted.

Note: This permit is required for all mobile food vendors operating under the requirements of the City of Puyallup Mobile Food Vendor Pilot Program, in effect until October 31, 2020.

Submittal Checklist

I Copy of completed, signed and dated application

I Copy of Tacoma-Pierce County Health Department proof of approval or equivalent

I Copy of mobile vendor proof of insurance (must include CG 20 12 endorsement if operating in right-of-way)

I Copy of inspection tags for mobile food truck's hood suppression system

Checked In By :

Staff Initials: _____

Date: _____

Rev: 11/19

APPLICATION INFORMATION

Applicant Information

Name		
Street Address		
City	State	Zip
Phone	E-mail	

Business/Operator Information

Business Name
UBI #
Operator's Driver's License State / #
Mobile Food Vendor License Plate State / #
Social Media/Website
Commissary Address

Site Owner Information – If located on private property

Name		
Street Address		
City	State	Zip
Phone	E-mail	

CERTIFICATION

I hereby state that I am the applicant listed above and certify that all information contained above and in exhibits attached hereto is true and correct to the best of my knowledge and belief and is submitted for consideration by the City of Puyallup, pursuant to the provision of the Puyallup Municipal Code. It is understood that the processing of this application may require additional supporting evidence, data or statements.

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____
(or authorized agent)