



CUSTOMER SERVICE

MOBILE FOOD TRUCK VENDORS REQUIREMENTS

Your application will process more quickly if you provide all required documentation when you apply for your business license. Incomplete applications, or those missing the required fees will not be processed and could delay the opening of your business

- Provo City application form (mandatory).
 - Completed “Emergency After Hours Contact” form from the PCPD (Provo City Police Department).
 - Completed “Industrial Wastewater Pretreatment Questionnaire” (if applicable to your business).
 - Completed “Food Service Establishment Questionnaire” (if applicable to your business). If you have questions on items two or three, you may contact Nathan Parr our Industrial Pretreatment Coordinator at 801-852-6793.
- Proof of the registered name of your business with the Department of Commerce, or a copy of the Articles of Incorporation. You may contact them at 801-530-4849.
- Proof of permanent Sales Tax number. Temporary will not be accepted. (if applicable to your business)
- Federal Identification Number.
- Copy of your Health Department certificate.
- Verification of vehicle registration with the Utah Department of Motor Vehicles.
- Proof of Insurance on the Mobile Vending Vehicle.
- Current Utah drivers license.
- Copy of background check for all owners and drivers.
- Current copy of Food Handlers permit for all employees.
- Color picture (side view) of your Mobile food vehicle showing the advertisement of the business, as well as the license plate.
- This permit is good from January 1st to December 31st.
-

Fees are prorated per day for the first year.

You will need to follow the fee schedule below for future years.

Number of Employees	Fee
1-5	\$125
6-10	\$175
11-25	\$300
26-50	\$425
51-75	\$550
76-100	\$675
101 +	\$800



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BUSINESS LICENSE APPLICATION

BUSINESS INFORMATION

Business Name _____

Business Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Email _____

Primary phone number (_____) _____ Secondary Telephone (_____) _____

Mailing Address: (if different) _____

Ownership Type: Corporation Partnership Proprietorship LLC (Limited Liability Company)

Type of Business: Commercial Home Occupation - Walk-in traffic? Yes No

Number of Employees at location _____ (If you are the owner, DO NOT count yourself.)

Opening Date _____ Business Hours From _____ To _____ M T W TH F S SU

Kind of Business (if applicable): Nonprofit Taxi Restaurant Mobile Food Truck Towing

Other _____

Nature of Business: Manufacturing Retail Day Care/Preschool-# of children _____

Wholesale Services Other _____

Detailed Description of Business:

[Empty box for detailed description of business]

State License No. _____ License Type _____

Does your business sell products? Yes No

Permanent Sales Tax Number _____

(NO temporary sales tax number accepted)

Does your business have a process discharge to the sewer system? (process discharge is any discharge other than restroom waste) Yes No

Will your business store, produce, utilize hazardous materials, such as oils, fuels, solvents, chemicals, compressed gases, bio-hazardous materials? Yes No

Does your building have built-in fire protection systems, such as automatic sprinkler, hood system, alarm system, standpipes, etc? Yes No

Emergency Contact (1) _____ Telephone (____) _____

Emergency Contact (2) _____ Telephone (____) _____

Emergency Contact (3) _____ Telephone (____) _____

Property Owner Name: (where business is located) _____

Property Owner Address _____

City _____ State _____ Zip Code _____

Alarm Company _____ Telephone _____

IF APPLICANT IS A SOLE-PROPRIETOR, PLEASE COMPLETE THIS SECTION

Owner Name _____

Owner Address _____ Apt/Suite No _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Birthday _____ SSN _____

IF APPLICANT IS A CORPORATION/PARTNERSHIP/LIMITED LIABILITY, COMPLETE THIS SECTION

Business Name _____

Corporate Officers/partners/members as shown in the articles of incorporation:

(1) _____ (2) _____

(3) _____ (4) _____

Corporate Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Business Entity No. _____ FEIN No. _____

This form is an application for a business license.

All fees are non-refundable.

Business licenses are valid from anniversary date to anniversary date. Renewal is the responsibility of the business owner. Failure to receive a renewal notice does not excuse this responsibility.

I/We are aware that this application does not constitute approval to operate a business.

I/We have read the following and agree to conduct business strictly in accordance with all ordinances, codes and regulations set forth by Provo City Corporation, Utah County, the State of Utah, and Federal standards, whichever applies. I/We also agree that no other type of business will be conducted other than what has been stated above.

I/We attest that all information on this application is true and correct.

Applicant's Signature _____

Please print your name _____

Date _____

It takes a minimum of two weeks for the business license to be issued. The license is issued when all inspections are complete, compliance with Zoning, Building, Fire, Health or other Divisions have been met, the application was properly completed and the business does not require a conditional use permit.

OFFICE USE ONLY

CSR INITIALS _____ DATE _____

No. of Employees _____

Application Fee \$ _____

Inspection Fee \$ _____

Bond \$ _____

Other Fees \$ _____

Type _____

Total _____



Emergency After Hours Contact Information

For Your Business or Home

*This information is required per Provo City Ordinance 6.18

Business or Property Name:

Full Address:

Daytime Office Number:

Owner's name(s) & phone numbers:

Maintenance after hours #:

Security/Alarm Co. name & #:

Responsible party or manager able to respond within 30 minutes in case of emergency:

Name(s):

Phone Number(s):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

If there is any specific information you would like emergency responders to know about your property or business, please use the box below to supply that information. Examples would be dangerous materials kept on site, emergency lockbox info, etc.

List the principal products or services of the business _____

Is production seasonal? Yes No If Yes, explain _____

Describe water treatment processes in use or proposed _____

Water Consumption in facility in Gpd. Cooling _____ Boiler Feed _____ Process _____
Sanitary _____ In Product _____ Other _____

Average Volume in Gpd of Discharge of water loss to _____ City Sewer _____ Evaporation _____

Natural Outlet _____ Waste Haulers _____ In Product _____ Other _____

Is Discharge to Provo City Sewer System: Yes No

If Yes is discharge: Intermittent Steady

Is there a spill prevention counter-measure plan in effect for this facility? Yes No

If Yes, please attach a copy.

I am familiar with the information contained in this questionnaire and swear that the information is true, complete and accurate. If any of the answers to questions contained in this questionnaire change, the business will notify the City of Provo of the proposed change(s). Notification does not constitute approval of the proposed change(s).

Industrial Pretreatment

1685 S East Bay Blvd.

Phone: 801 852 6793

Signature of Authorized Representative _____ Date _____



INDUSTRIAL WASTEWATER PRETREATMENT QUESTIONNAIRE

Business Name _____ phone _____

Business Address _____

Mailing Address _____

SIGNING OFFICER'S INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____ Standard Industrial Classification Code (SIC#): _____

Briefly describe manufacturing or service activities _____

List types of chemicals used (include all cleaning solvents, soaps, etc.) _____

Type of discharge: Batch Continuous If Batch, average in 24 hours _____

Are there scheduled shut downs? Yes No If Yes, when _____

Raw Water Sources: Private Wells _____ Gpd(gallons per day)

Provo Culinary _____ Gpd

Other (specify) _____ Gpd

RESPONSIBLE PARTY'S CONTACT INFORMATION (COMPANY OWNER OR OFFICER)

Type or Print Name _____

Type or Print Title _____

Phone _____

NOTE: Material Safety Data Sheets (MSDS) shall be filed with the City before business operations begin.

List principal raw materials used _____



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INDUSTRIAL PRETREATMENT PROGRAM
FOOD SERVICE ESTABLISHMENT QUESTIONNAIRE

BUSINESS INFORMATION

Business Owner Name _____

Company Name _____

Address _____ Apt/Suite No. _____

City _____ State _____ Zip Code _____

Phone Number (____) _____

Please describe your food preparation and clean up activities (check all that apply).

- Baking Grilling Frying Vegetable prep Other (please describe)

Empty text box for describing food preparation and clean up activities.

Approximately how many customers do you serve per average day? (this information is kept confidential)

Amount of kitchen fixtures used in your establishment

- 3-compartment sink Mop sink
Bar sink Dishwasher
Hand sink Floor drain
Garbage disposal

How are the following food by-products being disposed of? Please check all that apply.

Table with 3 columns: Sewer, Trash, Recycle. Rows: A. Solid Wastes, B. Oil & Grease, C. Liquid Wastes.

Do you have a grease interceptor or trap? YES NO

**A grease interceptor is a large underground device designed to remove fat, oil, and grease from your kitchen wastewater. A grease trap is a small, similar device that is located under the sink. These are both different from your grease recycling bin.

If "NO," please sign, date, and return the questionnaire as is.

If "YES," please complete page 2 of this questionnaire. Sign, date, and return it.



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What size (gallons) is the interceptor? _____

Is the interceptor functioning properly? YES NO

If "NO," please explain:

How often is the interceptor serviced? _____

When was the interceptor last serviced? _____

What is the average volume of waste which is removed from the interceptor when it is serviced? _____

What is the name and address of the business that services the interceptor?

Business Name: _____

Address: _____

Are service receipts available? YES NO

Which of the following kitchen fixtures are connected to your grease interceptor?
(please indicate amount of those that apply)

- | | |
|--------------------------|-------------------|
| _____ 3-compartment sink | _____ Mop sink |
| _____ Bar sink | _____ Dishwasher |
| _____ Hand sink | _____ Floor drain |

Additional comments:

The information in this questionnaire is familiar to me and, to the best of my knowledge and belief is true, complete, and accurate.

Name and title of signing official

Date