

**MOBILE FOOD SERVICE ESTABLISHMENT
PERMIT
CITY OF PRYOR CREEK, OKLAHOMA**

DATE PERMIT ISSUED: _____ PERMIT NUMBER: _____
DATE PERMIT EXPIRES: _____

NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS OF PERSON THAT MADE APPLICATION FOR THE PERMIT:

NAME, ADDRESS AND PHONE NUMBER OF BUSINESS OR PERSON TO WHOM PERMIT ISSUED:

PERMIT ISSUED FOR OPERATION OF: _____ "FULL-SERVICE MOBILE" _____ "PRE-PACKAGED MOBILE", OR _____ "PUSHCART" AS DEFINED BY SECTION 3-2A-2 OF THE ORDINANCES OF THE CITY OF PRYOR CREEK:

DATE OF ISSUEANCE OF OKLAHOMA DEPARTMENT OF HEALTH FOOD OR LODGING ESTABLISHMENT LICENSE/PERMIT: _____. NOTE: A COPY OF THIS CURRENT, VALID LICENSE OR PERMIT MUST BE ATTACHED TO THIS PERMIT.

OKLAHOMA SALES TAX PERMIT NUMBER: _____. NOTE: A COPY OF THIS CURRENT, VALID SALES TAX PERMIT MUST BE ATTACHED TO THIS PERMIT.

NON-PROFIT EXEMPTION NUMBER: _____. NOTE: A COPY OF YOUR NON-PROFIT STATUS LETTER MUST BE ATTACHED TO THIS PERMIT.

IF REQUIRED ATTACHMENTS TO PERMIT ISSUED ABOVE ARE NOT ATTACHED TO THIS PERMIT THE PERMIT IS NOT COMPLETE AND IS NOT EFFECTIVE.

IF PERMIT ISSUED FOR OPERATION UPON PUBLIC PROPERTY AT SPECIFIC LOCATIONS A COPY OF THE APPROVED SITE PLAN MUST BE ATTACHED TO THIS PERMIT.

SIGNATURE OF CITY OFFICER APPROVING ISSUING PERMIT

DATE SIGNED

**MOBILE FOOD SERVICE ESTABLISHMENT
APPLICATION FOR PERMIT
CITY OF PRYOR CREEK, OKLAHOMA
(THIS FORM MUST BE COMPLETED LEGIBLY OR IT WILL BE REJECTED)**

NAME, ADDRESS, TELEPHONE NUMBER AND EMAIL ADDRESS OF PERSON MAKING APPLICATION:

NAME, ADDRESS AND PHONE NUMBER OF BUSINESS: _____

INDICATE WHETHER THE BUSINESS IS A (SOLE PROPRIETORSHIP) (CORPORATION) (LIMITED LIABILITY COMPANY) (LIMITED PARTNERSHIP) (NON-PROFIT), OR (OTHER): _____

IF "OTHER" SPECIFY THE TYPE OF BUSINESS ENTITY IT IS: _____

INDICATE THE FORMAL POSITION HELD BY THE PERSON MAKING THE APPLICATION WITH THE BUSINESS ENTITY. EXAMPLE: "OWNER", "MANAGER", "EMPLOYEE": _____

INDICATE YOUR FEDERAL EMPLOYER TAX IDENTIFICATION NUMBER OR OTHER FEDERAL TAX NUMBER HERE: _____

INDICATE WHETHER YOUR OPERATION IS A "FULL-SERVICE MOBILE", "PRE-PACKAGED MOBILE", OR "PUSHCART" AS DEFINED BY SECTION 3-2A-2 OF THE ORDINANCES OF THE CITY OF PRYOR CREEK:

INDICATE NUMBER OF PERMITS REQUESTED: _____. NOTE: A SEPARATE PERMIT IS REQUIRED FOR EACH MOBILE FOOD SERVICE TO BE OPERATED WITHIN THE CITY LIMITS.

HERE INDICATE THE TYPE OF PERMIT FOR WHICH YOU ARE MAKING APPLICATION:

_____ ONE DAY PERMIT \$25.00 (valid for one day specified)

SPECIFIC DATE REQUESTED: _____

_____ SPECIAL EVENT PERMIT \$50.00 (valid for duration of time of special event)

EVENT NAME AND DATES OF EVENT: _____

_____ 1 YEAR PERMIT \$100.00 (valid for calendar year of issuance)

HERE INDICATE THE DATE OF ISSUANCE OF YOUR OKLAHOMA DEPARTMENT OF HEALTH FOOD OR LODGING ESTABLISHMENT LICENSE/PERMIT: _____. NOTE: A COPY OF THIS CURRENT, VALID LICENSE OR PERMIT MUST BE ATTACHED TO THIS APPLICATION.

HERE INDICATE YOUR OKLAHOMA SALES TAX PERMIT NUMBER: _____.

NOTE: A COPY OF THIS CURRENT, VALID SALES TAX PERMIT MUST BE ATTACHED TO THIS APPLICATION.

IF YOU ARE APPLYING AS A NON-PROFIT PROVIDE YOUR NON-PROFIT EXEMPTION NUMBER HERE: _____ . NOTE: A COPY OF YOUR NON-PROFIT STATUS LETTER MUST BE ATTACHED TO THIS APPLICATION.

HERE INDICATE WHETHER YOU ARE REQUESTING BY THIS PERMIT TO LOCATE ON PUBLIC PROPERTY SUCH AS A PARK OR OTHER PUBLIC AREA: _____. IF YES, ATTACH A WRITTEN IDENTIFICATION OF THE PRECISE LOCATION(S) YOU ARE REQUESTING PERMISSION TO USE AND YOU MUST INCLUDE A SITE PLAN OF THE PROPOSED LOCATION SETTING FORTH A DRAWING OF THE AREA AND YOUR PROPOSED SET UP ON THE LOCATION. NOTE: USE OF PUBLIC STREETS AND RIGHTS-OF-WAY IS ALLOWED WITHOUT ADVANCE APPROVAL PROVIDED THE OPERATIONS ARE CARRIED OUT IN COMPLIANCE WITH ALL APPLICABLE ORDINANCES OF THE CITY.

BY SIGNING THIS APPLICATION THE APPLICANT REPRESENTS AFFIRMATIVELY THAT APPLICANT HAS READ THE PROVISIONS OF SECTIONS 3-2A-1 THRU 3-2A-12 OF THE CITY CODE FOR THE CITY OF PRYOR AND ACKNOWLEDGES THAT APPLICANT SHALL COMPLY WITH ALL PROVISIONS THEREOF IN THE OPERATION OF ITS MOBILE FOOD SERVICE ESTABLISHMENT.

APPLICATION PROCESSING FEE: \$20.00

APPLICABLE PERMIT FEE FOR ISSUANCE OF PERMIT: _____

APPLICANT SIGNATURE

DATE

THIS SECTION TO BE COMPLETED BY CITY

DATE APPLICATION RECEIVED: _____

ACKNOWLEDGE RECEIPT OF APPLICATION PROCESSING FEE IN AMOUNT OF: \$20.00

ACTION TAKEN ON APPLICATION (APPROVED OR DENIED): _____

DATE OF APPROVAL OR DENIAL: _____

IF APPROVED, ACKNOWLEDGMENT OF RECEIPT OF PERMIT ISSUE FEE IN AMOUNT OF: _____

DESIGNATION OF PERMIT NUMBER ISSUED: _____

SIGNATURE OF CITY OFFICER APPROVING OR DENYING PERMIT

IF DENIED, REASON FOR DENIAL: _____
