

## **Town of Green Mountain Falls**

P.O. BOX 524 GREEN MOUNTAIN FALLS, CO 80819 (719) 684-9414

greenmountainfalls.colorado.gov

## **Application for Mobile Food Truck License**

Applicant Name:			
Business Name:			
		Phone:Email:	
		Vehicle Plate Number: Calendar of service dates (weekly, seasonal, etc.)/Hours of operation:	
Location truck will be parked:			
Applicant Signature:	Date:		
License Expires December 31st of the Current Calendar Year. There is no fee for Mobile Food Truck Vendors.			
Other required submittals:			
Evidence of approval from El Paso or Teller County Health Department.			
Colorado State Tax Number.			
<ul> <li>If location is on private property, attach proof of permission to operate at the location.</li> </ul>			
• Certificate of Insurance naming the Town of Green Mountain Falls as additionally insured.			
For Office use:			
Permission to operate on proposed site attached (if private property)			
Colorado State Tax Number			
Certificate of Insurance			
El Paso or Teller County Health Department Approval			
License Number:	Effective Date:		
Clerk's Signature:	Date:		