

# City of Cookeville, TN

## Application for Mobile Food Vendor (MFV)

PO Box 998  
Cookeville, TN 38503  
(931) 520-5250

<b>Applicant Name</b> _____ <b>Applicant Home Address</b> _____ <b>Applicant Local Address (if different from Home Address)</b> _____ <b>Applicant Phone #</b> _____ <b>Applicant Cell #</b> _____ <b>E-mail Address</b> _____ <b>Date of Birth</b> _____ <b>Social Security #</b> _____ <b>Driver's License #</b> _____ <b>Will you conduct business in person or are you acting as an agent for another?</b> _____	<b>Entity Name</b> _____ <b>Entity Address</b> _____ <b>Entity Phone #</b> _____ <b>Business Name (DBA)</b> _____ <b>Business Address</b> _____ <b>Business Phone #</b> _____ <b>Business Cell #</b> _____ <b>Tennessee Sales Tax #</b> _____ <b>Nature of Business and goods to be sold</b> _____
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Vehicle & Self-Contained MFU	Length of Permit												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Make/Model</td> <td style="width: 50%; border-bottom: 1px solid black;">Length</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Plate #</td> <td style="border-bottom: 1px solid black;">County</td> </tr> <tr> <td colspan="2" style="border-bottom: 1px solid black;">Description / Color</td> </tr> </table>	Make/Model	Length	Plate #	County	Description / Color		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-bottom: 1px solid black;">Thirty (30) day</td> <td style="width: 50%; border-bottom: 1px solid black; text-align: right;">\$100</td> </tr> <tr> <td style="border-bottom: 1px solid black;">One Hundred Eighty (180) day</td> <td style="border-bottom: 1px solid black; text-align: right;">\$300</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Three Hundred Sixty Five (365) day</td> <td style="border-bottom: 1px solid black; text-align: right;">\$500</td> </tr> </table>	Thirty (30) day	\$100	One Hundred Eighty (180) day	\$300	Three Hundred Sixty Five (365) day	\$500
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**Dates of Operation**                      Start date \_\_\_\_\_                      End date \_\_\_\_\_

Operating location Letter of Consent \_\_\_\_\_ Address \_\_\_\_\_

Operating location Letter of Consent \_\_\_\_\_ Address \_\_\_\_\_

Operating location Letter of Consent \_\_\_\_\_ Address \_\_\_\_\_

<b>References</b> (Do not include family members)		
Name 1	Address	Phone #
Name 2	Address	Phone #

**Last two (2) cities where applicant and /or assistants last conducted business**

1 \_\_\_\_\_                      2 \_\_\_\_\_

