



City of Southfield

26000 Evergreen Road • P.O. Box 2055 • Southfield, MI 48037-2055 • www.cityofsouthfield.com

Dear Applicant,

When applying for a Special Events Food Truck License with the City of Southfield, please have the following when you return your application to the Clerk's office.

- Food Service License Application:
 - Mobile Unit License
 - or
 - State of Michigan Special Transitory Food Unit License (STFU)
- Copy of Valid and Current MI Sales Tax License
- Proof of General Liability Insurance for \$1,000,000.00 (Naming the City of Southfield)
- Application:
- Special Events Agreement
- Special Event Fee (if applicable)
- Police Record Check Application (filled out by the owner)
- Copy of Driver's License (front and back)
- Copy of layout plan

The City of Southfield Special Events Food Truck License Application must be filled out by each applicant and returned to the City Clerk's Office. Once all the information required is received an investigation will begin. The investigation cannot begin until all documents are received and all necessary fees are paid.

Once your applications are received you will be contacted by a representative from the Police Department to conduct their investigation. Inspectors from the Building Department and Planning will also be coming out to do inspections. You will be contacted by the City Clerk's Office once a decision regarding your application has been made. If you have any questions you may contact the Clerk's office at (248)796-5150.



26000 Evergreen Road
P.O. Box 2055
Southfield, MI 48037-2055

Place 2" by 2" color
front face photo

Application for a Special Events Food Truck License

Date of Application: ____/____/____

Type of Business: _____

1. Name of Business: _____

2. Address of Business:

Number & Street City/State Zip Code

3. Name of Applicant:

First Name Middle Name Last Name

4. Mailing Address of Applicant:

Number & Street City/State Zip Code

5. Telephone Number of Applicant: (____) _____ - _____

6. Email Address of Applicant: _____

7. List of all of other names used by Applicant at any other time: _____

8. Do you own the company? Yes ___ No ___ If you are not the owner, please provide the following:

Owner's Name:

Owner's Address:

9. Social Security Number: _____ - _____ - _____ Date of Birth: ____/____/____

10. Driver's License Number: _____ Expiration Date: ____/____/____

11. Federal Tax ID: _____

12. Michigan Sales Tax License Number: _____

13. Form of Business:

- a. ___ Sole Proprietorship
- b. ___ Partnership
- c. ___ Privately-Held Corporation
- d. ___ Publicly-Held Corporation
- e. ___ Limited-Liability Company

14. Name of Event: _____

- a. Location of Event: _____
- b. Brief Description of vending activity to be conducted, including methods to be used and a description of the types of goods and services. _____

- c. Date(s) of event(s): _____
- d. Hours of operation: _____
- e. On-site Manager: _____

On-site Manager Phone Number: (____) _____ - _____

15. Number of employees on each truck: _____

(each truck must have at least one individual over the age of 18 on the truck at all times)

16. Truck information: (Attach a picture of the Food Truck)

- a. Year: _____
- b. Make: _____
- c. Model: _____
- d. License Plate Number: _____

17. Have you been convicted of a felony, misdemeanor or a violation of any Municipal Ordinance?

Yes: ___ No: ___

18. If the answer to question 17 is "yes", please explain in detail: _____

19. Have you solicited under this or any other business name in Oakland County?

Yes: ___ No: ___

20. If the answer to question 19 is "yes" please provide the business name:

21. Have you ever had a government issued license suspended or revoked? Yes: ___ No: ___

22. If the answer to question 21 is "yes", please explain in detail: _____

23. Are you a woman/minority owned business: Yes: ___ No: ___

24. Emergency Contact: _____

Emergency Contact Phone Number: (____) _____ - _____

Photo of Food Truck(s)

Food Truck Special Events Agreement

This is an agreement between _____ (From herein
(Name of Food Truck)
known as the “Truck”), and City of Southfield, (From herein known as the “City”).

The City agrees to provide the following:

Truck Space: _____
Name of Event

_____/_____/_____
Event Date Event Time Event Location

The Truck agrees to the following terms:

- Complete Food Truck License application from the Southfield Clerk’s office;
- Provide General Liability Insurance for \$1,000,000.00 naming City of Southfield and other entities involved in the event;
- Provide a State of Michigan Special Transitory Food Unit (STFU)-temporary food establishment license;
- Provide an Oakland County Health Department license and must comply with all Oakland County Health Department regulations;
- Staff will obtain internal site layout approval from the Police, Fire and Building Departments;
- Submit a Truck Fee of \$100 (non-refundable) payable to the City of Southfield, for Special Events only;
- The Truck agrees to comply with all Federal, State and Local Laws, rules and regulations, and ordinances; and
- The Truck will provide all necessary equipment, supplies and personnel to operate their food truck.

City of Southfield

Name of Food Truck

By: _____

By: _____

Title: _____

Title: _____

Date: _____

Date: _____

Company Name of Food Truck

Contact Information

I hereby authorize the City of Southfield, its agents and employees, to seek information and conduct an investigation into the truth of the statements set forth in this application and the qualifications of the applicant for the license, and I will execute waivers or authorization for the release of information upon request.

State of Michigan)

) ss.

County of Oakland)

I, _____, hereby declare under penalty of perjury, that the foregoing information in this application is true and correct and understand any falsification or omission is grounds for denial or if issued a license, grounds for revocation or recommendation for non-renewal.

Signature

On the _____ day of _____, 20____,
_____, did appear personally before me, a Notary Public, in and for the said County, and being duly sworn by me, did state (s)he is the applicant of the within application, and that the information contained within the application is true, correct and complete.

Notary Public
Oakland County, Michigan
My Commission Expires: _____

Name and address of person completing the foregoing application, if not completed by the applicant:

Name: _____

Address: _____

Telephone Number: (_____) _____ - _____

