

Business Services

Office location - 7447 E. Indian School Road, Suite 110
Scottsdale, Az. 85251
Telephone - (480) 312-2400
Web - www.ScottsdaleAZ.gov/licenses



Fee(s) _____

Mobile Food Vendor
Ordinance to Applicant
Date & Initial

**City of Scottsdale
Mobile Food Vendor
Application**

License Number

ADOR TPT License Number

BRM License Number

Fingerprints will be required for all controlling persons of a business. Please call 480-312-2400 to set up an appointment to **be fingerprinted**. You may submit your completed application either by email to customerservice@scottsdaleaz.gov, by mail, or at our office location.

NOTE: ACCURACY IS IMPORTANT -- PLEASE TYPE OR PRINT IN INK

To Applicant: Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. If questions are not applicable to you or your business, enter "N/A" as a response.

<p>SECTION 1 (Check one) This application is for a:</p> <p><input type="checkbox"/> New License <input type="checkbox"/> Renewal of Existing License <input type="checkbox"/> Name Change Only <input type="checkbox"/> Information Update</p>	<p>SECTION 2 (Check one) Type of ownership:</p> <p><input type="checkbox"/> Individual <input type="checkbox"/> General Partnership or Limited Partnership <input type="checkbox"/> Corporation or Limited Liability Company <input type="checkbox"/> Other _____</p>
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SECTION 3

1. Applicant: _____
Last First Middle
2. Business Name: _____
3. Business Phone: _____ Mobile Phone: _____
Email Address: _____
4. Complete Business Address: _____
5. Complete Mailing Address: _____

SECTION 4

1. Name of Designated Agent: _____ Phone: _____
2. Complete Address of Designated Agent: _____
3. Is the Designated Agent a legal resident of the State of Arizona? ____ Yes ____ No

SECTION 5 Individual, General Partnership, or Limited Partnership (*Circle One*) List each owner, partner or member. Attach additional sheets as necessary to disclose additional persons.

1. Each person listed must be fingerprinted, and pay a records check fee.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

2. Is any person, other than those persons listed in Section 5, Number 1, going to share in the profits/losses of the business? Yes/No (*Circle One*) If Yes, List below:

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

SECTION 6 Corporation/Limited Liability Company/Other _____ (*Circle One*)

1. Name of Business Entity: _____
(Exactly as it appears on Articles of Incorporation or Organization)

2. Date of Incorporation/Organization: _____ State where Incorporated/Organized: _____

3. AZ C.C. File No. _____ Date authorized to do business in Arizona: _____

4. AZ L.L.C. File No. _____ Date authorized to do business in Arizona: _____

5. Is Corp./L.L.C./Other a non-profit? Yes/No (*Circle One*) If yes, give IRS tax exempt number: _____

6. Are you an agent designated by a publicly traded corporation to act on behalf of the corporation under the City of Scottsdale Ordinance? ___ Yes ___ No Are you legal resident of the State of Arizona? ___ Yes ___ No

7. List each officer, member, controlling person or other positions held in the corporation, LLC. If necessary, attach an additional sheet of paper. Each person listed must be fingerprinted, and pay a records check fee.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

8. If the corporation/L.L.C./Other is owned by another entity, attach a list of each officer, member, controlling person or other position held in the parent entity. Attach additional sheets as necessary to disclose controlling persons in the business.

SECTION 7

List of Vehicles:

1. *Make _____ Model _____ Year _____
License Plate # _____ Vehicle Identification # _____
Date Inspected by Maricopa County Health Department _____ Permit # _____
Vehicle in compliance with Section 16-655 - Yes _____ No _____ Pictures Provided _____
Vehicle Insurance Yes _____ No _____

2. *Make _____ Model _____ Year _____
License Plate # _____ Vehicle Identification # _____
Date Inspected by Maricopa County Health Department _____ Permit # _____
Vehicle in compliance with Section 16-655 - Yes _____ No _____ Pictures Provided _____
Vehicle Insurance Yes _____ No _____

3. *Make _____ Model _____ Year _____
License Plate # _____ Vehicle Identification # _____
Date Inspected by Maricopa County Health Department _____ Permit # _____
Vehicle in compliance with Section 16-655 - Yes _____ No _____ Pictures Provided _____
Vehicle Insurance Yes _____ No _____

4. *Make _____ Model _____ Year _____
License Plate # _____ Vehicle Identification # _____
Date Inspected by Maricopa County Health Department _____ Permit # _____
Vehicle in compliance with Section 16-655 - Yes _____ No _____ Pictures Provided _____
Vehicle Insurance Yes _____ No _____

*** Each Vehicle listed must have proof of insurance**

I hereby certify that all answers to questions on this questionnaire are true and complete, and I agree and understand that any falsification of material facts may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale, County of Maricopa, State of Arizona.

Print Name

Signature

Date

ADDITIONAL REQUIRED INFORMATION

- _____ A general description of the goods to be sold by the mobile food vendor.
- _____ A description, license plate number and photograph of the mobile food vendor unit.
- _____ A valid driver's license.
- _____ Proof required by A.R.S. 41-1080 for sole proprietors that the applicant is a citizen of the United States or a non-citizen authorized to work in the United States.
- _____ Copies of required certificate(s) from the health services department in Maricopa County.
- _____ Proof of insurance, if operating on public property.



**ACKNOWLEDGMENT of UNDERSTANDING
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # _____

DATE: _____

Business Name _____

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.

Representative / Applicant Name: _____

Representative / Applicant Title: _____

Signature: _____

CSR Initials _____