City of Rogers
Food Truck Vendor Application

Section I

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email: _____

Date of Birth: _____ Driver's License Number: _____

Section II

Business Name: _____ Type of Business: _____

Business Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Business Phone: _____

State Health Permit Number: _____ Sales Tax ID: _____

Disclaimer and Signature

I certify that the information in this disclosure statement is complete, true, and accurate to the best of my knowledge. I agree to adhere to the laws and ordinances of the City of Rogers, ensuring full compliance with all regulations governing food truck operations.

I commit to the proper disposal of all waste materials according to the City's guidelines. Any changes to this information will be promptly reported to the city office staff.

I acknowledge that unauthorized parking may result in fines or penalties as per City regulations.

By signing below, I affirm my understanding of these responsibilities and pledge to uphold them.

Applicant Signature: _____ Date: _____

STAFF USE ONLY

___ Driver's License ___ Health Permit ___ Tax ___ Insurance

Application Statues: _____ Approved _____Denied

Reason for Denial: _____

_____

Employee Signature: _____ Date: _____