

Print Name and Title: _____

City of Orting

104 Bridge St. S., PO BOX 489, ORTING WA 98360

Phone: (360) 893-2219 - FAX: (360) 893-6809

www.cityoforting.org

Received Date

BUSINESS LICENSE APPLICATION

Food Truck License

All documents pertaining to the application shall be submitted at the time of filing. Please note that incomplete applications will not be accepted and this license is required for all food truck and trailer businesses operating under the requirements of the Food Truck Program.

*Attach to application: A copy of the applicant's <u>Driver's License</u>, proof of <u>Liability Insurance</u>, proof of <u>Food Establishment Permit</u> and <u>\$50 Business License Fee</u>.

Business Name:	UBI #:
Contact Person:	Phone #:
Business Address:	
Commissary Address:	
Mailing Address:	
Email:	Vehicle License Plate:
	Ses:
A SIGNATURE IS REQUIRED IN ORDER TO P	PROCESS THE APPLICATION
I hereby declare under penalty of perjury, that the stat accompanying information, are true, correct and comp	ements furnished by me on this application, including any plete.
Signed by:	Date:
Print Name and Title:	
Attested by (City Official):	