

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:
Business Website and/or Social Media Ad	aresses:
A SIGNATURE IS REQUIRED IN ORDER	TO PROCESS THE APPLICATION
	ne statements furnished by me on this application, including any
Signed by:	Date:
Print Name and Title:	
Attested by (City Official):	Date: