



MOBILE FOOD VENDOR APPLICATION

Zoning & Permits Office
67 North Main Street
Madisonville, KY 42431
270-824-2108
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www.madisonvilleliving.com

GENERAL INFORMATION

Business Name _____

Contact Name _____

Address _____

Phone _____

Email _____

Business Entity Sole Proprietor Corporation
 Partnership LLC-Individual LLC-Partnership

Federal ID# _____ or SS# _____

Has the business or entity ever had a permit denied or revoked to operate with the City of Madisonville? No
 Yes, explain when & why _____

VENDOR TYPE

Push Cart Pull Behind Trailer/Wagon
 Tent Food Truck Other

(A photo must be provided of the vending unit)

Food Truck Vendors must provide the following:

Name _____

Address _____

Phone _____

Email _____

Emergency Contact's Name _____

Emergency Contact's # _____

Vehicle License # _____

LOCATION

Location where the applicant plans to operate _____

BUSINESS LICENSE & INSURANCE INFORMATION

Madisonville Business License # _____

Cert. of Liability Ins. Expiration Date _____

Ins. Carrier _____

Liability insurance must list the City of Madisonville as additional insured party.

ACKNOWLEDGE & INDENIFY TO HOLD HARMLESS

I acknowledge and certify that the information provided is true and complete. I understand that any untrue, inconsistent or misleading information shall be cause for the refusal to grant, or the revocation of, any permit to operate within the City of Madisonville. I acknowledge and certify that I have read the Mobile Food Ordinance and any attached operating requirements and shall comply with all applicable requirements contained therein as well as all other local or state requirements.

As a condition of issuance of any permit, I agree to indemnify, hold harmless, and defend the City of Madisonville, its agents and employees from and against liability and/or loss arising from activities connected with or undertaken pursuant to the permit. The City of Madisonville shall not be liable for any business loss, property loss, personal injury or other damages that may result from the exercise of the rights granted by the permit, or the suspension or revocation of the permit, and no mobile food vendor shall maintain any claim or cause of action against the City of Madisonville, its officers and employees on account of any revocation or suspension of such permit.

Applicant's Signature _____

Applicant's Name (print) _____

Date _____

FOR OFFICAL USE

PERMIT # _____

DATE APPLICATION RECEIVED _____

DATE ISSUED _____ DATE DENIED _____

COMMENTS _____
