

CITY OF NEWPORT

MOBILE FOOD ESTABLISHMENT CART PERMIT

EXPIRES MARCH 31

1. TYPE: Indicate the type of operation that best describes your mobile food establishment.

Please check only one box.

- Hot Dog Cart Lemonade/Ice cream Truck Non-Self-Propelled Cart/Trailer/bicycle
 Other _____

2. BUSINESS INFORMATION

Ownership Type - Please check only one box below:

- Individual/Sole Proprietor Corporation Partnership Limited Liability Company
 Governmental Entity Limited Partnership

Social Security Number (or FEIN for Business):

Ownership Name (Individual or organization who currently owns the business):

Entity Name (List only one):

DBA (Doing Business As) (if different):

Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

Website Address:

Social Media (i.e. Facebook, Twitter):

Social Media (i.e. Facebook, Twitter, Instagram):

Manager in Charge (If different than owner):

Name:

Address:

City:

State:

Zip Code:

Email Address:

Phone Number:

3. MOBILE FOOD ESTABLISHMENT INFORMATION:

Name of Mobile Food Establishment/Cart (if different from Entity name or DBA):

(Provide the address where MFE is located when not operating):

Address:

City:

State:

Zip Code:

DMV License Plate Number of Cart/Trailer:

VIN Number:

4. REQUIRED DOCUMENTATION & SIGNATURE

- State MFE Registration

OR

- Mobile Food Establishment Fire Inspection Certificate

NOTE: Only required if the MFE is equipped with:

- Gasoline, diesel or electric generator
- Propane or compressed natural gas
- Commercial cooking equipment
- Fire suppression system

- Mobile Food Service License from Department of Health (For information, call 401-222-2749)

NOTE: Out-of-State MFEs are required to obtain a license from the Rhode Island Department of Health, even if in possession of a similar license from its home state

- Valid Motor Vehicle Registration (If applicable)
- Valid Motor Vehicle Insurance (If applicable)
- State of Rhode Island Retail Sales Permit (For information, call 401-574-8829)

Affidavit of Application

I swear, under penalty of perjury that the information provided in connection with this application is true to the best of my knowledge, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to deny licensure by the Municipality.

I understand that this is a continuing application and that I have an affirmative duty to inform the Municipality of any changes in the answers to these questions after this application and this Affidavit are signed.

Signature of Authorized Person

Date of Signature (MM/DD/YY)

Printed Name of Authorized Person

Title of Authorized Person

OFFICE USE ONLY

Filing Fee \$15 _____ Date Paid

Permit Fee \$75 _____ Date Paid