

# CITY OF NEWPORT

## MOBILE FOOD ESTABLISHMENT TRUCK PERMIT

EXPIRES MARCH 31

1. BUSINESS INFORMATION		
Ownership Type - <i>Please check only one box below:</i>		
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Governmental Entity <input type="checkbox"/> Limited Partnership		
Social Security Number (or FEIN for Business):		
<b>Ownership Name</b> ( <i>Individual or organization who currently owns the business</i> ):		
Entity Name ( <i>List only one</i> ):		DBA (Doing Business As) ( <i>if different</i> ):
Address:		
City:	State:	Zip Code:
Email Address:		Phone Number:
Website Address:		Social Media ( <i>i.e. Facebook, Twitter</i> ):
Social Media ( <i>i.e. Facebook, Twitter, Instagram</i> ):		
<b>Manager in Charge</b> ( <i>If different than owner</i> ):		
Name:		
Address:		
City:	State:	Zip Code:
Email Address:		Phone Number:
2. MOBILE FOOD ESTABLISHMENT INFORMATION:		
Name of Mobile Food Establishment/Truck ( <i>if different from Entity name or DBA</i> ):		
<i>(Provide the address where MFE is located when not operating):</i>		
Address:		
City:	State:	Zip Code:
DMV License Plate Number of Truck/Trailer:		
VIN Number:		

### 3. 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