



## **Peddler Permit / Mobile Food Truck or Pushcart Vendor Application**

Effective Dates \_\_\_\_\_ to \_\_\_\_\_

**Reason for Permit (circle one):**      Daily \$10/day      Annual \$50

### **Applicant Information:**

Name: \_\_\_\_\_ Applicant SSN: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Employer Information:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### **Vehicle Information:**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License State and Number: \_\_\_\_\_

### **Location Information:**

Location Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

***\*Attach written authorization from property owner.***

### **Peddler Permit Requirements:**

- **Attach Certificate of No Tax Due**

Retail Sales Tax #: \_\_\_\_\_

\*The No Tax Due Statement may be obtained by calling the Missouri Department of Revenue at (573)751-9268, or online at: <https://dor.mo.gov/taxation/business/filing-payment/no-tax-due/>

- **Fire Report (if needed)**

\*Must have a passing fire inspection within the last 60 days.

- **A license issued by the B.C. Health Dept. for food service and preparation.**

- **Attach Certificate of Liability Insurance (if needed)**

*\*Continue to back side to complete Peddler Permit Application\**

Please give a brief description of the nature of the business and the goods to be sold and in the case of products of farm or orchard, whether produced or grown by applicant or another person. \_\_\_\_\_

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Have you ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? **Yes** or **No**

If so, please state the nature of the offense and punishment or penalty assessed.

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**IMMIGRATION LAW REQUIREMENT**

By signing this statement you acknowledge that you do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_