



Food Truck Application

Transitory Food Service Unit

Application Checklist

- Completed application.
- Application fee made payable to the "City of Caro."
- Application is no more than 6 (six) months in advance, and no less than 14 (fourteen) days prior to the proposed operation date.
- Copy of Ready-To-Serve inspection report from the Tuscola County Health Department, or equivalent.
- A Transitory Food Service Unit permit holder, operating on public property, must have no less than \$1,000,000.00 business liability insurance naming the City of Caro as an additional insured for approved dates of operation. Proof of business insurance must be submitted with the permit application. Proof of insurance is due prior to the Transitory Food Service Unit permitted operation dates.
- The City reserves the right to deny the application for incompleteness. No permit may be granted to any person owing any personal property taxes, money judgments, or any other indebtedness to the city, except for real property taxes and special assessments, or to any person using any personal property in the operation of a business upon which personal property taxes are delinquent.
- If, within 14 days from application submission, the applicant is unable to furnish any required or requested initial or supplemental documentation and/or delinquent payments, the application will be considered abandoned.



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Application for non-transferrable license to operate in accordance with City of Caro Ordinance Number 486. The applicant and operator shall comply with all provisions of the Ordinance. Once a permit has been issued, the Zoning Administrator may, at any time, revoke or suspend a license for failure to comply with the provisions of this Ordinance or any rules or regulations promulgated by the City.

Application information

Submit application to City of Caro, 317 South State Steet, Caro MI 48723.
Telephone 989-673-7671 – Fax 989-673-7310 www.carocity.net

Original filing (\$25) Renewal (\$15) Fee: _____ (non-refundable)

Dates requested: _____

Date Application submitted: _____ Received by: _____

Applicant information

Applicant Name: _____

Applicant Title: _____

Business Name: _____

Business type: Individual Partnership Corporation Other: _____

Applicant Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell: _____

Email: _____



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If Business is a Partnership (attach additional sheets as required)

Business Partner "A"

Applicant Name: _____

Applicant Title: _____

Applicant Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Business Partner "B"

Applicant Name: _____

Applicant Title: _____

Applicant Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

If Business is a Corporation

Business Name: _____

Business Address: _____

City, State, Zip: _____

Date and state whose laws organized the Corporation: _____



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Must list the name, address, and title of each Corporate Officer. Attach additional sheets as required.

Applicant Name: _____

Applicant Title: _____

Applicant Address: _____

City, State, Zip Code: _____

Telephone: _____ Cell: _____

Email: _____

Applicant Signature - Notarized

I hereby swear or affirm that all information contained in this application and its attachments, as well as all foregoing statements, are true.

Signature

State of _____

County of _____

Sworn to and signed in my presence by _____ and sworn to on this
_____ day of _____, 20__.

Notary public

My Commission Expires: _____

Acting in the County of: _____