

TOWN OF CUMBERLAND – OFFICE OF THE TOWN CLERK
45 BROAD STREET, CUMBERLAND RI 02864
(401)728-2400 FAX (401)724-1103

MOBILE FOOD ESTABLISHMENT APPLICATION

Please check only one:

Mobile Food Dispensing Vehicle
 Non-Self-Propelled Cart/Trailer/Bicycle
 Theme Park Food Cart

Hot Dog Cart
 Lemonade/Ice Cream Truck
 Lemonade/Ice Cream Cart
 Other _____

\$35 per truck

BUSINESS INFORMATION:

License Number _____
(for office use only)

Entity Name _____

DBA Name, if applicable _____

Business Type: Corporation Partnership Individual LLC

Business Address _____

Business Mailing Address, if different _____

Business Phone Number _____

Business Fax Number _____

MANAGER IN CHARGE INFORMATION:

Name, Address, and Phone Number (if different from Owner) _____

Fax

Cell Phone

E-mail

MOBILE FOOD ESTABLISHMENT INFORMATION:

Name of Mobile Food Establishment/Truck (if different from above) _____

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

DMV License Plate Number _____

VIN Number _____

REQUIRED DOCUMENTATION:

____State MFE Permit

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 Town of Cumberland.

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

Signature of Authorized Person

Dated: _____

Print Name and Title