



Mobile Food Vendor Business License Application

A FEE OF \$60 FOR NEW LICENSE, \$40 FOR RENEWAL, OR \$20 TEMPORARY FEE MUST ACCOMPANY THIS APPLICATION
PLEASE PRINT OR TYPE

THIS APPLICATION & ADDITIONAL REQUIREMENTS MUST BE ON FILE BEFORE YOU CAN ENGAGE IN BUSINESS IN THE TOWN OF MARANA

SECTION I. Business Information

Check One: <input type="checkbox"/> New Business to Marana <input type="checkbox"/> Location Change <input type="checkbox"/> New Owner of Existing Business		Check One: <input type="checkbox"/> Annual License <input type="checkbox"/> Temporary License (10 Consecutive Days)		Date Business Started In Marana <input type="text"/>
Current Town License # <input type="text"/>	Previous Town License # (If Applicable) <input type="text"/>	Former Owner (If Applicable) <input type="text"/>		
Business Name or DBA (Doing Business As Name) <input type="text"/>				
Street #	Direction	Street Name	Type	Suite/Apt #
<input type="text"/>				
City <input type="text"/>	State <input type="text"/>	Zip Code +4 <input type="text"/>	(Area Code) Other Business Telephone # <input type="text"/>	
Fax # <input type="text"/>	E-Mail Address <input type="text"/>	Transaction Privilege Tax # <input type="text"/>	Federal ID # <input type="text"/>	

SECTION II. Additional Business Information, Mailing & Telephone Number

Legal Business Name of Entity or Individual Name <input type="text"/>				
Street #	Direction	Street Name	Type	Suite/Apt #
<input type="text"/>				
City <input type="text"/>	State <input type="text"/>	Zip Code +4 <input type="text"/>	(Area Code) Other Business Telephone # <input type="text"/>	

SECTION III. Additional Business Information, Mailing & Telephone Number

Ownership:	<input type="checkbox"/> Individual/Sole Prop	<input type="checkbox"/> LLC	<input type="checkbox"/> Ltd. Partnership	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corp.-State Inc # <input type="text"/>	<input type="checkbox"/> Other <input type="text"/>
Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	Name <input type="text"/>	Title <input type="text"/>				
	Home Address <input type="text"/>			Drivers License # <input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	Zip Code +4 <input type="text"/>	Area Code Phone # <input type="text"/>		
	Name <input type="text"/>	Title <input type="text"/>				
	Home Address <input type="text"/>			Drivers License # <input type="text"/>		
	City <input type="text"/>	State <input type="text"/>	Zip Code +4 <input type="text"/>	Area Code Phone # <input type="text"/>		
Corporate or LLC Statutory Agent	Name <input type="text"/>	Title <input type="text"/>		Area Code Phone # <input type="text"/>		
Primary Contact/Manager	Name <input type="text"/>	Title <input type="text"/>		Area Code Phone # <input type="text"/>		
Location Where Business Records are Kept, if Different From Business Location	Address <input type="text"/>					
	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	Area Code Phone # <input type="text"/>		
# of Employees	<input type="text"/>			Contractors #	<input type="text"/>	



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Section IV. Food Truck Vehicle Description (Description of All Vehicles Conducting Business in the Town)

Make <input type="text"/>	Model <input type="text"/>	Year <input type="text"/>	Color <input type="text"/>	License Plate <input type="text"/>
Make <input type="text"/>	Model <input type="text"/>	Year <input type="text"/>	Color <input type="text"/>	License Plate <input type="text"/>
Make <input type="text"/>	Model <input type="text"/>	Year <input type="text"/>	Color <input type="text"/>	License Plate <input type="text"/>

Section V. Nature of Business

Provide a brief description of the nature of your business & goods to be sold:

Section VI. License Eligibility (Only Complete This Section if Your Business is Established as an Individual/ Sole Proprietor)

Before issuing a license to an individual, the individual must present one of the following documents to the municipality indicating that the individual's presence in the United States is authorized under federal law:

Please check the box indicating lawful presence:

- An Arizona drivers license issued after 1996, or an Arizona non-operating identification license
- A driver license issued by a state that verifies lawful presence in the United States (See overview of States' Driver's License Requirements)
- A birth certificate or delayed birth certificate issued in any state, territory, or possession of the United States
- A United States certificate of birth abroad
- A United States passport
- A foreign passport with a United States visa
- An I-94 form with a photograph
- A United States citizenship & immigration services employment authorization document or refugee travel document
- A United States certificate of naturalization
- A United States certification of citizenship
- A tribal certificate of Indian blood
- A tribal or bureau of Indian affairs affidavit of birth

This provision does not apply to an individual, if **all** of the following apply:
1. The individual is a citizen of a foreign country, or, if at the time of application, the individual resides in a foreign country.
2. The benefits that are related to the license do not require the individual to be present in the United States in order to receive those benefits.

Section VII. Additional Application Requirements

Town Code 9-13-5

In addition to the application requirements set forth in section 9-2-4, any person desiring to obtain a license to conduct business as a mobile food unit shall submit all of the following supplemental information:

- A valid driver's license
- Photograph of the mobile food unit
- Evidence of a passed fire inspection in this state within the preceding 12 months
- A copy of required certificate(s) issued by the Pima County health services department



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Section VIII. Certification

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept that the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the Town of Marana. Incomplete applications may not be processed.

I certify that I have read and understand the ARS Revised Statute 9-495 & 9-834 located at www.maranaaz.gov/arsnotice

I certify that I have read and understand the Town of Marana Code Title 9, Chapter 9-2 Business Licenses and Chapter 9-13 Mobile Food Vendors located at www.maranaaz.gov

Printed Name(s)	Signature(s)	Title(s)	Date
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For information required by ARS 9-836, please see here: www.maranaaz.gov/business-licenses

FOR OFFICE USE ONLY

Department./Area Review				Initials	Comments
Building	C.O. Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Planning	Sign Permit Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Police			<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		
Finance			<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> N/A		