



MOBILE FOOD VENDOR PERMIT

() **New Application** or () **Renewal**

HAVE YOU FILED FOR A LOCAL TAX ID NO#? YES OR NO

**Attach copy of West Feliciana Parish tax registration certification*

HAVE YOUR RECEIVED WEST FELICIANA PARISH HEALTH DEPT. APPROVAL? YES OR NO

**Attach copy of WFP Health Department approval.*

DO YOU HAVE THE PROPERTY OWNERS PERMISSION? YES OR NO

**Unit must be parked on and conduct business on private property.*

Date of Return: _____ Account No: _____

Tax Payer Name: _____

Business Name: _____

Owner: _____

Physical Address: _____
Street Address City State Zip

Mailing Address: _____
Mailing Address City State Zip

Telephone No: _____ Email Address: _____

Federal Employer ID No: _____ State ID No.: _____

Type of Business (check one): () Individual, () Partnership, () Corporation, ()
() LLC or () Other *** If other, please specify: _____

Nature of Business (description of items to be sold): _____

Amount of License: \$300.00 _____

Signature of Applicant: _____ Title: _____

Town of St. Francisville
P.O. Box 400 * St. Francisville, LA 70775
*** Phone (225) 635-3688 * Fax (225) 635-6984 * email: townofsf@bellsouth.net**

FOR OFFICE USE ONLY:

Year: _____

Amount Paid: _____

Date Paid: _____

Paid: Cash or Check

Check #: _____

License No.: _____