



Town of Prescott Valley Mobile Food Vendor Business License Application

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

Fee Schedule: Business License Application \$45; Administration Fee \$15; Background Check/Fingerprints Fee \$15 for a total of \$75

FOR OFFICE USE ONLY	Cash:	Check:	Description of goods <input type="checkbox"/>	Business License #
Date/ Initials:	New App Fee:	Health Dept. <input type="checkbox"/>		
	Admin Fee:	Fire Inspection <input type="checkbox"/>		
	Fingerprint Fee:	Photo (Mobile Unit) <input type="checkbox"/>		
	Renewal Fee:	Eligibility Form <input type="checkbox"/>		

Business Information (Name on Mobile Food Unit/Establishment)

Business Name:		Make/Model/Year	
License Plate:	VIN #	Business Phone Number:	
Address:		Alternate Phone:	
City:	State:	Zip:	Email:

Business Owner Information (Responsible Party)

Each new and renewal application will be submitted to the PVPD for investigation and criminal record review on behalf of the Town Clerk. Fingerprint records are required for all applicants and controlling persons. Fingerprints shall be submitted in a form approved by the PVPD. The fingerprints will be submitted to the AZ Dept. of Public Safety to be used to obtain state and federal criminal history record information in accordance with ARS 41-1750 and Public Law 92-544. The Arizona Department of Public Safety is authorized to exchange this fingerprint data with the United States Federal Bureau of Investigation.

Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. State Incorporated in: _____ <input type="checkbox"/> Partnership <input type="checkbox"/>	
Federal Tax ID (EIN) / Social Security	Arizona TPT sales tax number

Disclosure of Social Security Account Numbers for Owners/Controlling Person/Designated Agents is mandatory. The authority for soliciting the number is found in 42USC 405(c)(2)(c)(1). Social Security Numbers are used to identify Owners/Controlling Person/Designated Agents and to conduct background checks. **Private information is NOT released to the public.**

Controlling Person:	Name: (First and Last)	Title
		Date of Birth
	Home Street Address (cannot be a PO BOX)	Social Security Number (required)
	City/ Town State Zip Code	Driver's License Exp. Date
Designated Agent: (person designated by the licensee/applicant to receive notices from the Town pursuant to Article 8-08 of the Town Code)	Name: (First and Last)	Title
		Date of Birth
	Home Street Address (cannot be a PO BOX)	Social Security Number (required)
	City/ Town State Zip Code	Driver's License Exp. Date



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(Continued)

Applicant Information

Applicant:	Name: (First and Last)	Title
	Home Street Address (cannot be a PO BOX)	Date of Birth
		Social Security number (required)
	City/Town State Zip Code	Driver's License Exp. Date

Have any licenses/permits that have been issued or applied for by the business been denied, suspended or revoked?

Description of any/all criminal convictions of the applicant or business owner in the last five (5) years:

Business Description

Description of goods to be sold:

I hereby certify that the statements made herein have been examined by me are to the best of my knowledge, true and complete. I further certify that copies of the required certifications to obtain a license have been submitted. I acknowledge that I read and understand the provision found on Article 8-08 Mobile Food Vendors of the Town Code.

Print Name	Signature	Date
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For Police Department Only

Police Department Comments:

Approved: _____ **Date** _____

Denied: _____ **Date** _____