

MOUNTAIN HOME BUILDING INSPECTION

720 South Hickory

Mountain Home, Arkansas 72653

Phone: (870) 425-2550

Fax: (870) 425-0477

cityofmountainhome.com/building-inspection

Acct # _____

Ck# _____

Rept# _____

Mobile Vendor Form

Name: _____ **Business Name:** _____

Mailing Address: _____

Business Address: _____

Business Phone: _____ **Cell Phone:** _____

Email Address: _____

Vendor Location: _____ **Federal Tax I.D. Number:** _____

Valid D.L. Number: _____

OWNER OF BUILDING/PREMISES ON WHICH BUSINESS IS LOCATED:

Name: _____ **Phone:** _____

Address: _____

PERSONS TO CONTACT AFTER BUSINESS HOURS IN CASE OF EMERGENCY (not business contact person):

Name: _____ **Phone:** _____

ARE YOU A MOBILE VENDOR OR A FOOD VENDOR? _____

PLEASE ATTACH WRITTEN PERMISSION FROM THE PROPERTY OWNER WHERE YOU WILL BE CONDUCTING BUSINESS.

ALL MOBILE FOOD VENDORS SHALL HAVE THE FOLLOWING CONTENTS ON THE PREMISES AT ALL TIMES FOR INSPECTION:

- i. A current health inspection ; food only
- ii. A valid driver's license; and
- iii. Vendors shall present a copy of the property owner's written authorization to operate on the designated property. The written authorization shall describe the approved location, and operation schedule.
- iv. A valid mobile vendor business license issued from the City of Mountain Home, Arkansas.

I HEREBY CERTIFY THAT I WILL ABIDE BY ORDINANCE 2020-48

Applicants Signature: _____ **Date:** _____ **Fee: \$150.00**