



Mobile Food Unit License Application

Permit Application Center

City Hall / 555 Liberty St. SE / Room 320 / Salem, OR 97301-3513
503-588-6256 * baspac@cityofsalem.net

If you need help understanding this information, please call 503-588-6256.

Si necesita ayuda para comprender esta información, por favor llame 503-588-6256.

(For office use only)

License #:

License information

Business name and description	
License plate	

Applicant information

	Applicant	Employer (if applicable)
Name		
Home address		
Mailing address		
Phone number		
Email address		

I have attached a list of names and addresses of all principals, partners, corporate officers, and stockholders holding more than 10% of voting stock. Not applicable Yes, list attached.

Business addresses in Oregon

Business name	Business address

Background information

 (If necessary to answer any question completely, please attach an additional page.)

Have you ever been ARRESTED for other than a minor traffic violation?	No	Yes (state crime, arresting agency and date):
Have you ever been CONVICTED for other than a minor traffic violation?	No	Yes (state crime, arresting agency and date):
List any PROBATION violations within the last 10 years (If necessary, please attach an additional page.)		

Terms and conditions

Correct information: I certify I have read and examined this application and know the same to be true and correct. I certify that I have knowledge of the provisions of the Code governing the license for which I am applying.

Electronic signature certification: By attaching an electronic signature (whether typed, graphical or free form) I certify herein that I have read, understood and confirm all the statements listed above and throughout the application form. I agree (initials): _____

Authorized Signature: _____

Print Name: _____ **Date:** _____

To submit: Save the file to your computer and email to baspac@cityofsalem.net.