

MOBILE TEMPORARY  
FOOD SERVICE LICENSE APPLICATION

CITY OF NORMAN

---

Name of Business (d/b/a) Telephone Number

---

Mailing Address of Applicant City State Zip

---

Name of Applicant (Corporation/Partnership/Sole Proprietor) Telephone Number

---

Brief description of product(s) to be sold

---

Contact Person Telephone Number

---

Email Address

---

Vehicle tag number and description (if applicable) **(MUST SUBMIT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY AND/OR VEHICLE, if applicable)**

State Sales Tax Permit No. \_\_\_\_\_

All provisions regarding food service requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the below-named applicant for a mobile temporary food service license.

---

Cleveland County Health Dept. Date  
250 12th Avenue N.E. 321-4048

---

Signature of Applicant

FEES: \$ 20.00                      1 Day Permit  
      \$ 50.00                      30 Day Permit  
      \$250.00                     180 Day Permit

Check payable to: City of Norman

City Clerk's Office                      405-366-5386  
201 West Gray  
Norman, Oklahoma 73069