TEMPORARY MOBILE
FOOD SERVICE LICENSE APPLICATION

CITY OF NORMAN

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

Mailing Address of Applicant Date(s) of sale

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

Address where selling Brief description of product(s) to be sold

Contact Person Telephone Number

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 temporary food service license.

Cleveland County Health Dept. Date
250 12th Avenue N.E. 405-321-4048

Fire Department Date
415 East Main 405-217-7768

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