



Food Truck Application

Fee: \$20.00/Month

Please Complete and Return It **Along with a Copy Health Department Approval or State Certificate of Operation** and Applicable Fees (cash or check) to the City Clerk's Office.

Business's Name: _____ Phone: _____

Owner's Name: _____ FEIN: _____

Address: _____ City/Zip: _____

County: _____ Owner's Email: _____

Type of Goods or Services to be Offered: _____ Number of Months Wanted: _____

Make: _____ Model: _____ License Number: _____

DL: _____ State: _____

Last Three Cities, Villages or Towns you Conduct Similar Business:

1. _____ 2. _____ 3. _____

Check payments should be made payable to The City of River Falls and mailed to:

Attn: City Clerk's Office • 222 Lewis Street • River Falls WI 54022

License Fees Are Cash or Check Only.