

**Business Services**

Office location - 7447 E. Indian School Road, Suite 110  
Scottsdale, Az. 85251  
Telephone - (480) 312-2400  
Web - www.ScottsdaleAZ.gov/licenses



Fee(s) \_\_\_\_\_

\_\_\_\_\_  
Mobile Food Vendor  
Ordinance to Applicant  
Date & Initial

# City of Scottsdale Mobile Food Vendor Application

\_\_\_\_\_  
License Number

\_\_\_\_\_  
ADOR TPT License Number

\_\_\_\_\_  
BRM License Number

**Fingerprints will be required for all controlling persons of a business.** Please call 480-312-2400 to set up an appointment to **be fingerprinted**. You may submit your completed application either by email to [customerservice@scottsdaleaz.gov](mailto:customerservice@scottsdaleaz.gov), by mail, or at our office location.

**NOTE: ACCURACY IS IMPORTANT -- PLEASE TYPE OR PRINT IN INK**

**To Applicant:** Check all your answers for accuracy. False or incomplete answers or omissions may result in non-acceptance, denial or subsequent revocation of a license. If questions are not applicable to you or your business, enter "N/A" as a response.

<p><b>SECTION 1</b> (Check one) This application is for a:</p> <p><input type="checkbox"/> New License  <input type="checkbox"/> Renewal of Existing License  <input type="checkbox"/> Name Change Only  <input type="checkbox"/> Information Update</p>	<p><b>SECTION 2</b> (Check one) Type of ownership:</p> <p><input type="checkbox"/> Individual  <input type="checkbox"/> General Partnership or Limited Partnership  <input type="checkbox"/> Corporation or Limited Liability Company  <input type="checkbox"/> Other _____</p>
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**SECTION 3**

1. Applicant: \_\_\_\_\_  
Last First Middle
2. Business Name: \_\_\_\_\_
3. Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_
4. Complete Business Address: \_\_\_\_\_
5. Complete Mailing Address: \_\_\_\_\_

**SECTION 4**

1. Name of Designated Agent: \_\_\_\_\_ Phone: \_\_\_\_\_
2. Complete Address of Designated Agent: \_\_\_\_\_
3. Is the Designated Agent a legal resident of the State of Arizona? \_\_\_\_ Yes \_\_\_\_ No

**SECTION 5** Individual, General Partnership, or Limited Partnership (*Circle One*) List each owner, partner or member. Attach additional sheets as necessary to disclose additional persons.

1. Each person listed must be fingerprinted, and pay a records check fee.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

2. Is any person, other than those persons listed in Section 5, Number 1, going to share in the profits/losses of the business? Yes/No (*Circle One*) If Yes, List below:

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

**SECTION 6** Corporation/Limited Liability Company/Other \_\_\_\_\_ (*Circle One*)

1. Name of Business Entity: \_\_\_\_\_  
 (Exactly as it appears on Articles of Incorporation or Organization)

2. Date of Incorporation/Organization: \_\_\_\_\_ State where Incorporated/Organized: \_\_\_\_\_

3. AZ C.C. File No. \_\_\_\_\_ Date authorized to do business in Arizona: \_\_\_\_\_

4. AZ L.L.C. File No. \_\_\_\_\_ Date authorized to do business in Arizona: \_\_\_\_\_

5. Is Corp./L.L.C./Other a non-profit? Yes/No (*Circle One*) If yes, give IRS tax exempt number: \_\_\_\_\_

6. Are you an agent designated by a publicly traded corporation to act on behalf of the corporation under the City of Scottsdale Ordinance? \_\_\_ Yes \_\_\_ No Are you legal resident of the State of Arizona? \_\_\_ Yes \_\_\_ No

7. List each officer, member, controlling person or other positions held in the corporation, LLC. If necessary, attach an additional sheet of paper. Each person listed must be fingerprinted, and pay a records check fee.

Title/Position	Last Name, First Name, MI	% Owned	Residence Complete Address

8. If the corporation/L.L.C./Other is owned by another entity, attach a list of each officer, member, controlling person or other position held in the parent entity. Attach additional sheets as necessary to disclose controlling persons in the business.

**SECTION 7**

**List of Vehicles:**

1. \*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_  
Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_  
Vehicle in compliance with Section 16-655 - Yes \_\_\_\_\_ No \_\_\_\_\_ Pictures Provided \_\_\_\_\_  
Vehicle Insurance Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. \*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_  
Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_  
Vehicle in compliance with Section 16-655 - Yes \_\_\_\_\_ No \_\_\_\_\_ Pictures Provided \_\_\_\_\_  
Vehicle Insurance Yes \_\_\_\_\_ No \_\_\_\_\_
  
3. \*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_  
Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_  
Vehicle in compliance with Section 16-655 - Yes \_\_\_\_\_ No \_\_\_\_\_ Pictures Provided \_\_\_\_\_  
Vehicle Insurance Yes \_\_\_\_\_ No \_\_\_\_\_
  
4. \*Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_  
License Plate # \_\_\_\_\_ Vehicle Identification # \_\_\_\_\_  
Date Inspected by Maricopa County Health Department \_\_\_\_\_ Permit # \_\_\_\_\_  
Vehicle in compliance with Section 16-655 - Yes \_\_\_\_\_ No \_\_\_\_\_ Pictures Provided \_\_\_\_\_  
Vehicle Insurance Yes \_\_\_\_\_ No \_\_\_\_\_

**\* Each Vehicle listed must have proof of insurance**

**I hereby certify that all answers to questions on this questionnaire are true and complete, and I agree and understand that any falsification of material facts may cause forfeiture on my part of all rights to, and consideration to be licensed in the City of Scottsdale, County of Maricopa, State of Arizona.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ADDITIONAL REQUIRED INFORMATION

- \_\_\_\_\_ A general description of the goods to be sold by the mobile food vendor.
- \_\_\_\_\_ A description, license plate number and photograph of the mobile food vendor unit.
- \_\_\_\_\_ A valid driver's license.
- \_\_\_\_\_ Proof required by A.R.S. 41-1080 for sole proprietors that the applicant is a citizen of the United States or a non-citizen authorized to work in the United States.
- \_\_\_\_\_ Copies of required certificate(s) from the health services department in Maricopa County.
- \_\_\_\_\_ Proof of insurance, if operating on public property.



**ACKNOWLEDGMENT of UNDERSTANDING  
REGULATORY LICENSES**

For licenses requiring Fingerprinting and subsequent background check

License Application # \_\_\_\_\_

DATE: \_\_\_\_\_

Business Name \_\_\_\_\_

On behalf of the above referenced license, I understand and agree to communicate to all parties that this application is subject to an approval process that can take up to 90 days.

**I understand and agree to communicate to all parties that the business cannot operate until approval notice is received.**

Representative / Applicant Name: \_\_\_\_\_

Representative / Applicant Title: \_\_\_\_\_

Signature: \_\_\_\_\_

CSR Initials \_\_\_\_\_