

CITY OF ABBEVILLE
FOOD TRUCK LICENSE APPLICATION
(PRINT ONLY)



Name which business is to be conducted: _____

Owner: _____

Business Location: _____ Mailing address _____

Business phone: _____ Home/Cell phone: _____

Email address: _____

Nature of business: _____ Opening date: _____

Type of ownership (check appropriate box):

- Individual Partnership INC Corporation LLC Non-Profit/

Names of all partners or principal officers of a corporation (corporation only):

How many places of business do you operate within city limits? _____

Is your business located in the City of Abbeville? Yes No

My signature below verifies that I have visited the City of Abbeville's Ordinance website listed above AND agree to comply with all city ordinances.

Electronic Signature Agreement

I understand and agree that my application will be signed electronically when I select the check box and type my name in the area below. I also understand that my electronic signature means that I intend to apply for this permit/application and have provided the City of Abbeville with accurate information.

I understand that under penalty of perjury that I have examined all the information on this application, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

I have read and agree with the statements above.

Owners Signature

OFFICE USE ONLY

No. Issued: _____ Date Issued: _____

If business has changed hands, show former

Trade Name: _____

Owner Name: _____

The following documentation must be completed and returned to Abbeville City Hall Tax and Permits Department before an occupational license can be issued.

The following City of Abbeville Ordinances provide guidelines and explanations for requirements.

https://library.municode.com/la/abbeville/codes/code_of_ordinances

PART II – CHAPTER 10 – ARTICLE II – DIVISION 3 – MOBILE FOOD TRUCKS

Food Truck Requirements

- Approved Health Inspection: Contact Board of Health at 337-893-1438
- Register for Sales Tax with Vermilion Parish School Board at 337-898-5732
- Secretary of State Certificate
- Provide copy of Driver's License
- Provide Vehicle Registration on Food Truck
- Provide Copy of License Plate for Food Truck Vehicle
- Complete Permission from Property Owner to Operate Form (attached)
- Complete Indemnity and Hold Harmless Agreement (attached) – Required Notary
- Provide Certificate of Liability Insurance reflecting Coverage in amount of not less than Two million dollars \$2,000,000.00 per occurrence

PERMIT FEES

Application Fee	\$50.00
Permit Fee	<u>\$250.00</u>
Total	\$300.00

**CITY OF ABBEVILLE
INDEMNITY & HOLD HARMLESS AGREEMENT**



STATE OF LOUISIANA
PARISH OF VERMILION

BE IT KNOWN, that on this _____ day of _____, 20____, before me a Notary Public in and for the Parish of Vermilion, State of Louisiana, and in the presence of the undersigned competent personally came and appeared:

(hereinafter referred to as "Permit Applicant"), who declared unto me, Notary, that in consideration for the issuance of a "Food Truck Permit" to Permit Applicant, the said Permit Applicant, does hereby indemnify and hold harmless the City of Abbeville and its officers, employees, agents, insurers, and/or successors from any action, claim or liability including attorney's fees, court costs, interest, which may arise out of, or due to Permit Applicant's activities arising out of the operation of a Food Truck.

Abbeville, Louisiana, this _____ day of _____, 20_____.

WITNESSES:

Signature _____ Print Name _____

Signature _____ Print Name _____

PERMIT APPLICANT:

Signature _____ Print Name _____

**CITY OF ABBEVILLE
PROPERTY OWNER PERMISSION FOR FOOD
TRUCK TO OPERATE**



The undersigned do hereby give authority for _____
(name of vendor)

to sell goods on the property located at _____

said property is owned by _____

Abbeville, Louisiana, this _____ day of _____, 20_____.

Notary Signature _____