City of Beattyville
PO Box 307 Beattyville, KY 41311
PH: 606-464-5007 FAX: 606-464-2123

FOOD TRUCK LICENSE APPLICATION

pplicant			Pnone	e#	
ood Truck Owner/Oper	rator		,		
Mailing Address		· · · · · · · · · · · · · · · · · · ·			
Email					
Food Truck Description_		· <u> </u>	<u> </u>	·=	
	Year/Make/Model		Color	License Plate#	State Issued
Name on Vehicle Registra	ation		***************************************		
				i.	
	Permit Type:	Annual	\$100.00	0	
		30 Day	\$25.00	;	
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			1771		
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₹ood Truck Location					
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Please provide the follo Written consent		ting your a	pplication:		
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Please provide the follo Written consent Photo ID	wing when submit	ting your a	pplication:		
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Please provide the follo Written consent Photo ID Signature Printed Name	wing when submit	ting your a	pplication: d truck will cond Date	luct business	
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	owing when submit	where food OFFICE USE Date Appl	pplication: d truck will cond Date ONLY roved tarts	luct business	