

(843) 525-7025

# CITY OF BEAUFORT FOOD TRUCK PERMIT APPLICATION

\$200

\*Each Permit

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

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL: \_\_\_\_\_

**FIRE MARSHALL USE ONLY:**

Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_

Proof of Insurance:  Yes  No

Driver's License #: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

**PURSUANT TO PART 7 CHAPTER 16 I AGREE TO ABIDE BY ALL REGULATIONS? \_\_\_ YES \_\_\_ NO**

**STEPS IN THE APPLICATION PROCESS PRIOR TO APPLICATION FOR A BUSINESS LICENSE**

1. Do you have Fire Marshal Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you have a South Carolina Retail License? <input type="checkbox"/> Yes <input type="checkbox"/> No	2a. License Number -
3. Copy of Department of Health Approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Copy of Automobile Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	4a. Policy Number -
5. Vendor (driver is 18)? <input type="checkbox"/> Yes <input type="checkbox"/> No	5a. Copy of Driver's License <input type="checkbox"/> Yes <input type="checkbox"/> No
6. City of Beaufort Business License? <input type="checkbox"/> Yes <input type="checkbox"/> No	6a. B.L. Account Number -

**COMMENTS:** \_\_\_\_\_

Ready for Fire Marshal Inspection:  Yes  No When? \_\_\_\_\_

**TIM OGDEN Fire Marshall can be reached at (843) 322-7915 [togden@cityofbeaufort.org](mailto:togden@cityofbeaufort.org) to schedule an inspection.**

\_\_\_\_\_  
**APPLICANT'S SIGNATURE**