



I hereby make application to the City of Hancock for a permit to operate a Mobile Food Unit.

Vehicle License: _____

Type of application: New Change of Owner Renewal

Date of Service: _____

Establishment _____ Phone (_____) ____ - _____

Address _____

City _____ State _____ Zip _____

Commissary / Servicing Area (**needed if not a self-contained unit**)

Address _____

City _____ State _____ Zip _____

Operator _____ Phone (_____) ____ - _____

City _____ State _____ Zip _____

Water Supply: Public _____ Private _____ Sewage: Public _____ Private _____

I understand that after the issuance of the Health Department Permit requested, the Commissioner of Health or his/her authorized representatives shall have the right to enter the premises of the establishment at any reasonable time to inspect, conduct tests, or collect samples as required.

Signature of applicant or person authorized to sign the application

Signature _____ Title _____

Print name _____ Date ____/____/____

Address _____

City _____ State _____ Zip _____

Fee: \$ _____

Send to: City of Hancock
399 Quincy St.
Hancock, MI 49930

Approved By & Date:

Chapter 154 Zoning Ordinance 309 Sec. 5.07 (Aug 2022)