



City of Battle Ground
Community Development Department
109 SW 1st Street, Suite 127
Battle Ground, WA 98604

Mobile Food Unit Questionnaire

1. Have you received a City of Battle Ground business license? If so, please provide the legal name of business: _____
Doing Business As (if applicable): _____
Business Phone: _____
Business Street Address: _____
City/State/Zip: _____
Mailing Address: (If different from Business Address) _____
City/State/Zip: _____
2. Is this a motorized vehicle, trailer, push cart or other conveyance? If other, please explain
 Yes
 No
 Other: _____
3. Vehicle License Number, if applicable: _____
4. Time-Frame for business operation, i.e., 1-year, 3-months etc... _____
5. Hours of Operation including days of the week: _____
6. Do you intend on applying for a 1-year renewal permit? _____
 Yes
 No
7. Is this unit fully self contained?
 Yes
 No, Please explain: _____
8. What type of food is proposed to be sold: _____
9. If this is located within an existing parking lot, how many parking spaces is being taken up and does this still allow for sufficient parking spaces for the existing business establishment? Please explain: (Refer to BGMC 17.133)

12. If located within 100' of another eating establishment, please list the business name

13. Has the County Health Permit been acquired?

- Yes
- No

14. Has a Fire Marshal inspection and approval been acquired?

- Yes
- No

15. Have you attached photo of your food cart?

- Yes
- No

Refer to the current City of Battle Ground [Fee Schedule](#) available on our website, or call 360-342-5047 for the application food cart fee and renewal fee.

I certify the above information is correct:

Applicant's Signature

Print Name

Title

Date