



Mobile Food Unit Questionnaire

City of Battle Ground
Community Development Planning Division
109 SW 1st Street, Suite 127
Battle Ground, WA 98604
Phone: (360) 342-5047 | Fax: (360) 342-5049
www.cityofbg.org

1. Have you received a City of Battle Ground business license endorsement from the State of Washington? If so, please provide the legal name of business: _____

- UBI #: _____ State Business License #: _____

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 (9i.e., 1-year, 3-months, etc.): _____

5. Hours of Operation including days of the week: _____

6. Is this unit fully self-contained? Yes No, please explain: _____

7. What type of food or beverage is proposed to be sold: _____?

8. If this is located within an existing parking lot, how many parking spaces are being taken? _____

9. If located within 100' of another eating establishment, please list the business name(s) and attach business owner authorization(s) as applicable. _____

10. If located within 300' of any Special Event or a City authorized concession stand in a public park, please indicate such and attach a copy of the appropriate authorization(s). _____

11. Has the County Health Permit been acquired? If so, please attach a copy.

Yes No In Process

I certify the above information is correct:

Applicant's Signature

Date