APPLICATION FOR FOOD TRAILER EUREKA TOWNSHIP

9322 SW Greenville Rd. Greenville, MI 48838

| Office (616) 754-5053 | Fax: (616) 754-4760 | E-mail: eurekasupervisor@gmail.com | eurekatownshipmi.gov |
|---|---|--|----------------------|
| Property ID: 59 | | | |
| | | Date Approved | |
| Date rescinded and re- | ason for rescinding: | | |
| Name: | | | |
| | | | |
| Phone Number: | | | |
| (Home) | (Work) | (CELL) | |
| Provide the following | ng information of the | e property where food truck/trai | ler with be. |
| Address where Food | truck will be used: _ | | |
| Name of owner of pr | operty where it will b | oe at: | |
| | | | |
| | viding food to the pub | propriate Michigan State license as olic. You must comply with all Fed | |
| The use does The use does Access to the | not have an unreason not impact the nature area will not constitu | ruck Permit once the following is a table detrimental effect upon adjace of the surrounding neighborhood. It a traffic hazard or visual distraction ral food codes shall be met. | ent properties. |
| | be filled out completely than 30 days prior to sc | and returned to the Eureka Township heduled event. | Office Zoning |
| I agree that all of th | ne information listed | is correct and to follow all guide | lines listed above. |
| Signature: | | Date: | |
| | | | |