CITY OF MARQUETTE
MOBILE FOOD VENDING CHECKLIST

When submitting your application to the City Clerk's Office, the following must be included:

- ☐ Copy of current Government-issued photo ID
- ☐ Proof of insurance ($1M) with the City listed as Certificate Holder
- ☐ Copy of applicable licenses/permits from the County Health Department
- ☐ Fee required under City Commission resolution

The following must be completed, as applicable:

- ☐ Name and emergency contact information for employees that may be staffing the unit
- ☐ Third-party propane inspection and approval, if necessary
- ☐ Prior written authorization of power customer if vending unit is on private property and using electrical power from the property.

Prior to a license being granted, the application materials will be reviewed and must be approved by the City of Marquette's Treasury, Fire, Community Development, and Police Departments. To expedite the process, a business owner can reach out to the City Fire Inspector to schedule a fire inspection, if necessary.

For Office Use Only:

- ☐ Fire Department Approval
- ☐ Police Department Approval
- ☐ Treasury Department Approval
- ☐ Community Development Department Approval

CITY OF MARQUETTE
ADDITIONAL INFORMATION FOR VENDING LICENSE

FOOD PRODUCTS OFFERED FOR SALE: _____

_____

DESCRIPTION OF FOOD PREPARATION METHODS: _____

_____

DESCRIPTION OF VENDING UNIT (INCLUDE SIZE): _____

_____

PROPOSED HOURS OF OPERATION: _____

_____

INTENDED AREAS OF OPERATION: _____

_____

PLANS FOR ELECTRICAL ACCESS & WASTEWATER/TRASH DISPOSAL: _____

_____

DOES THE APPLICANT OWN A BRICK-AND-MORTAR RESTAURANT? _____

CITY OF MARQUETTE
ADDITIONAL INFORMATION FOR VENDING LICENSE

Below, please include the names and emergency contact information for any staff that may be staffing your vending units. This information will be kept on file at the City.

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

Name: _____ Phone:_____

CITY OF MARQUETTE
BUSINESS LICENSE APPLICATION

Upon submission, attach a copy of a current government issued ID to this form

TYPE OF LICENSE: _____

LENGTH OF LICENSE: ☐ Annual ☐ Weekly (Start Date: _____ End Date: _____)

APPLICANT/OWNER NAME: _____

APPLICANT/OWNER ADDRESS: _____

PHONE NUMBER: _____ DATE OF BIRTH: _____

EMAIL ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

By signing below, the applicant attests that they have read this application packet, including the relevant sections of the Marquette City Code, and agrees to abide by the requirements detailed therein.

_____ _____

Applicant Signature Date

This application will be reviewed by the Police Chief, the Fire Chief, the Treasurer, and the Planning/Zoning Official of the City of Marquette and must receive their endorsement prior to any license being issued by this office. This process can take up to 10 business days to conclude.