



Application Fee: \$25.00

**CITY OF ELOY**  
MOBILE VENDORS LICENSE APPLICATION

Sales Tax ID#: \_\_\_\_\_

Assessor's Parcel Number: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: (     ) \_\_\_\_\_

PROPERTY LOCATION ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S MAILING ADDRESS: \_\_\_\_\_

PROPERTY OWNER'S TELEPHONE NUMBER: (     ) \_\_\_\_\_

DESCRIBE NATURE OF BUSINESS: \_\_\_\_\_

WILL YOU BE SELLING FOOD PRODUCTS? (if yes, please provide a copy of your health permit)  
\_\_\_\_\_ YES     \_\_\_\_\_ NO

HOW LONG DO YOU WISH LICENSE FOR: \_\_\_\_\_

PREVIOUS NAME AND LOCATION OF MOBILE VENDING OPERATION (if any): \_\_\_\_\_

FORMER OWNER OF MOBILE VENDING OPERATION (if any): \_\_\_\_\_

DESCRIPTION OF VEHICLE: \_\_\_\_\_

VEHICLE LICENSE PLATE NUMBER: \_\_\_\_\_

\*Provide a copy of your current Arizona vehicle registration(s)

Have you ever had a mobile vendor license revoked, suspended? (if so, include date and issuing authority)

**PLEASE STATE ALL CONVICTIONS WITHIN THE PREVIOUS FIVE (5) YEARS OF ANY CRIME, MISDEMEANOR (INCLUDING CITATIONS), AND VIOLATION OF MUNICIPAL CODE LAWS OR ZONING ORDINANCES, THE NATURE OF THE OFFENSE AND PUNISHMENT OR PENALTY.**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**CITY OF ELOY  
BUSINESS LICENSE INFORMATION**

Name of Business Owner/Operator: \_\_\_\_\_

Alias or other names used in the past five (5) years: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Have you lived at this address for three (3) years: \_\_\_\_\_ YES \_\_\_\_\_ NO  
(if no, please provide address(addresses), city, state, zip and dates)

Address	City	State/Zip	Dates
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Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Driver's License State of Issuance: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

AGENT'S NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER AND ISSUING STATE: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER AND ISSUING STATE: \_\_\_\_\_

**EMERGENCY CONTACT DURING NON-BUSINESS HOURS:**

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**\*\*PLEASE INCLUDE A COPY ALL AGENTS/REPRESENTATIVES WHO WILL BE OPERATING IN THE CITY OF ELOY INCLUDING THEIR ADDRESSES AND TELEPHONE NUMBERS.**

-----**DO NOT WRITE BELOW THIS LINE**-----

PHOTOGRAPH (attached) \_\_\_\_\_ Yes \_\_\_\_\_ No

FINGERPRINTS (attached) \_\_\_\_\_ Yes \_\_\_\_\_ No

COPY OF DRIVER'S LICENSE (attached) \_\_\_\_\_ Yes \_\_\_\_\_ No

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED: \_\_\_\_\_

DATE: \_\_\_\_\_

DENIED: \_\_\_\_\_

DATE: \_\_\_\_\_