



Name of Business/Cart:			
Location or Address:			
Name of Food Cart Pod:			
Length/Size of Cart: (excluding trailer hitch)		Awning Height:	

Submit the following items with this application:

<input type="checkbox"/>	Fee (see current fee schedule)
<input type="checkbox"/>	Pictures of the cart
<input type="checkbox"/>	Written approval from Clackamas County Health Department
<input type="checkbox"/>	City of Sandy Business License Application and Fee
<input type="checkbox"/>	Written approval from the Clackamas County Fire Marshal's office

Please Note: Prior to opening, the applicant must first receive a Final Order from the City of Sandy along with completed inspections by the Clackamas County Health Department and Clackamas County Fire Marshals office.

I certify by signing this application that the statements and information contained herein are in all respects true, complete, and correct to the best of my knowledge and belief.

Applicant (if different than owner)	Food Cart Pod Owner / Property Owner
Address	Address
City/State/Zip	City/State/Zip
Email	Email
Phone	Phone
Signature	Signature

Staff Use Only

File #:	Date:	Fee\$:	Business License #
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