



Department of Building & Code Enforcement

Post Office Box 580

Clanton, AL 35046

205-755-6840

205-755-6799

MOBILE FOOD UNIT PERMIT APPLICATION

This Permit is granted subject to any and all applicable state, county, and municipal laws, ordinances, codes, rules, and regulations

Business Name:			
Site Location Address:			
Owner Name:			
Address:			
City/State:	Zip:	Phone:	Mobile Phone:

I hereby certify that I have read this application and that all information contained herein is true. If any portion of this information, either intentionally or unintentionally is false or is a misrepresentation of the material facts, the permit or process granted will be void. I further certify that if I am not the owner, I have proper authorization from the owner to act as representative on his/her behalf and that I may be required to provide written documentation of such authorization to the City of Clanton.

Applicant Signature: _____ Date: _____

Clerk Signature: _____ Date: _____

FOR OFFICE USE ONLY	
<input type="checkbox"/> (3) Day \$50.00 <input type="checkbox"/> (3) Month \$250.00 <input type="checkbox"/> (6) Month \$500.00 <input type="checkbox"/> (1) Year \$1,000.00	PERMIT NO: _____ EXPIRATION DATE: _____
<input type="checkbox"/> CASH <input type="checkbox"/> CREDIT CARD <input type="checkbox"/> CHECK NUMBER: _____	PERMIT FEE TOTAL: _____