



105 E. Center Street  
 Sikeston, MO 63801  
 573-471-2512  
 www.Sikeston.org

# APPLICATION FOR FOOD TRUCK LICENSE

Collector's Office Telephone: 573-471-2193; Fax: 573-471-1526

Email: [collectorsoffice@sikeston.org](mailto:collectorsoffice@sikeston.org)

Today's Date: \_\_\_\_\_

Business Name (DBA): \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Owner(s) or Principal(s) \_\_\_\_\_

Owner(s) Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Contact Person for Inspection: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Type of Goods/Foods: \_\_\_\_\_

Vehicle Type (Make/Model): \_\_\_\_\_ Vehicle License: \_\_\_\_\_

**Office Use:**

Account ID:	Customer ID:	Taxes Paid:		
		Yes	No	N/A
Proof of Insurance Submitted:	Yes	No	Date:	
Date Inspection Fee Pd:	Approved			
	Yes	No		
Health Inspection:	Yes	No	County:	
Health Inspection Date:				
Dept Approval:				
Code:	Date:	Fire Marshal:	Date:	