

**CITY OF CARIBOU  
APPLICATION FOR LUNCH WAGON**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Business name: \_\_\_\_\_

Address Number (s):

\_\_\_\_\_ Home \_\_\_\_\_ Business \_\_\_\_\_ Cell

\_\_\_\_\_ Email \_\_\_\_\_ Driver's License # \_\_\_\_\_

Lunch Wagon will be located: \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

The Municipal Officers may issue a license to any reputable person to maintain a vehicle for the sale of food in the public way and during such hours as the licensing authority designates. 30-A MRSA §3931.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Date: \_\_\_\_\_

COUNCIL MEETING DATE: \_\_\_\_\_

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

REASON: \_\_\_\_\_

**LICENSE VALID FOR ONE YEAR**