

TOWN OF BETHEL, MAINE
OFFICE OF THE TOWN CLERK
PO BOX 1660
BETHEL, MAINE 04217

APPLICATION FOR FOOD TRUCK/MOBILE TRAILER

VICTUALER FEE: \$ _____

TOTAL DUE: \$ _____

DATE: _____

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

RECORDED OWNER: _____

CONTACT PERSONS NAME: _____

**IS YOUR BUSINESS CONNECTED
TO THE PUBLIC SEWER SYSTEM:** _____

DATE GREASE TRAP LAST CLEANED: _____
(ATTACH PROOF)

VEHICLE/TRAILER REGISTION NUMBER _____
(ATTACH COPY)

STATE LICENSE (ATTACH COPY)

SIGNATURE OF APPLICANT: _____