



TRANSIENT MERCHANT FOOD TRUCK LICENSE INFORMATION

This information packet is designed to help guide applicants through the process of obtaining a Transient Merchant License for a food truck.

Step 1:

Come to the Clerk-Treasurers Office with a government issued identification card and complete application. a \$15.00 non-refundable fee the time application. This fee is to perform the background check. This fee will not be applied to the cost of the application of the license which is a separate fee. Once completed, the application is sent to the Lowell Police Department to perform the background check. This generally takes between two and ten days to complete A SEPARATE BACKGROUND CHECK MUST BE COMPLETED FOR EACH WORKER.

Step 2:

The Office of the Clerk-Treasurer will call you with the results of the background check. If approved by the Lowell Police Department, the Lowell Fire Department will contact you to schedule a vehicle inspection. Inspection information is included in this packet.

Step 3:

Submit the following documents to the Clerk-Treasurers Office:

- A copy of the applicants Lake County Indiana Health Department Permit
- Signed letter(s) from the property owner(s) granting permission for the applicant to operate on their property. The letter(s) must include the date(s), hour(s), and location(s) for which permission is granted.

Step 4:

Once the previous steps are completed, payment for the license will be accepted.

Helpful Hints::

- Steps 1-3 must be completed, in full, before payment will be accepted for for the license fee.
- The documents listed in step 3 can be submitted at any time during the process. These can be submitted electronically to Jmurr@lowell.net
- Licenses will be site specific based on the letter from the property owner.
- No credit will be given for licenses issued earlier in the year once said license has expired.
- Background and Vehicle inspection checks are good for one year.

APPLICANT INFORMATION

Applicant Name: _____

Applicant Phone Number: _____

Application Date: _____

APPLICATION FOR TRANSIENT MERCHANT PERMIT

Name of Applicant: _____

License No.: _____ DOB: _____

Present Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Addresses for the past 10 years including City State Zip:

Company Name: _____

Will you have any other workers? Yes No

(Please note a background check must be completed for each worker)

Additional Workers: (please attach copies of photo ID with full name, address and DOB)

Product of service rendered:

Dates and location(s) _____

Do you have a criminal or misdemeanor arrest record (other than traffic violations) Yes No

If yes, please list any convictions including location and name of charge.

Description of vehicles used:

Color _____ Make: _____ Body: _____ License No.: _____ State: _____

I certify that the above information is correct, and I understand that any falsification of this application or any violations of the Lowell Town Ordinance governing solicitation may result in revocation of my permit, if said permit is issued.

Signature of Applicant: _____ Date: _____

Office Use Only

Background Check Heath Certificate Fire Inspection Letter(s) Fees