



COUNTY OF YORK

APPLICATION FOR BUSINESS LICENSE - **Food Truck**  
(LOCATED OUTSIDE OF YORK COUNTY)

Commissioner of the Revenue \* Zoning & Code Enforcement  
(757) 890-3383 (757) 890-3524

Office Use Only

Acct#: \_\_\_\_\_

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

Type of Ownership:  Individual  Partnership  Corporation  Limited Liability Company

Applicant/Owner:  
(BASED ON OWNERSHIP) \_\_\_\_\_

Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street # Street Name Suite/Unit/Apt # City State Zip Code

Business Address: \_\_\_\_\_  
Street # Street Name Suite/Unit/Apt # City State Zip Code

Start Date/First Event in York County: \_\_\_\_\_ \*York County Requires a New Application Filed Every Year for Food Trucks\*  
MM-DD-YYYY

Federal I.D. # \_\_\_\_\_ State I.D. # \_\_\_\_\_ Social Security # \_\_\_\_\_

Email Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

Local Business Phone: \_\_\_\_\_ Corp./Main Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Detailed Description of ALL Proposed Business Activities\* - (Example: Retail-Food Truck; Description of Items Sold):

**\*If your business activity changes after the initial application or you will cease to be in operations in York County contact the office of the Commissioner of the Revenue prior to initiating the change or closure**

**Applicant/Ownership Information (PLEASE PRINT)**

List below, attach list or use the back of this application to identify the Owner, Partners or Officers of the above Company.

Name Title SS#

Home Address Home Phone Cell Phone

Name Title SS#

Home Address Home Phone Cell Phone

Office Use Only  
Proof of Identification: \_\_\_\_\_  
Valid through: \_\_\_\_\_

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Proof of Identification: \_\_\_\_\_  
Valid through: \_\_\_\_\_

**TAX ASSESSMENT – BASED ON ESTIMATED GROSS RECEIPTS**  
CLASSIFICATION OF LICENSE BASED ON  
DESCRIPTION OF BUSINESS ACTIVITY:

January	February	March	April
May	June	July	August
September	October	November	December
Months Planned to be Active in York _____			

\$ \_\_\_\_\_ ESTIMATED GROSS RECEIPTS ROUNDED  
\$ \_\_\_\_\_ FEE OR \$ \_\_\_\_\_ TAX + \$ \_\_\_\_\_ FLAT FEES = \$ \_\_\_\_\_ TOTAL DUE  
FILING PERIOD ESTIMATE \_\_\_\_\_ THROUGH **December 31 of Current Year**  
MM-DD-YYYY

**OATH:** I the undersigned applicant do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief, and that I understand the limits of this license. Furthermore, I understand and acknowledge that completion of this application and payment for a county business license shall not be deemed to be approval to actually operate the desired business activity at the desired location without first obtaining permits, inspections and approvals as required by York County Zoning Department if applicable.

Printed Applicant(s) Name: \_\_\_\_\_

Office Use Only  
Informed to Contact  
Zoning \_\_\_\_\_

Applicant(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Revised 10-7-2019