

TEMPORARY  
FOOD SERVICE LICENSE APPLICATION

CITY OF NORMAN

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Name of Business (d/b/a) Telephone Number

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Mailing Address of Applicant Date(s) of sale

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Name of Applicant (Corporation/Partnership/Sole Proprietor) Telephone Number

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Address where selling Brief description of product(s) to be sold

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Contact Person Telephone Number

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Vehicle tag number and description (if applicable) **(MUST SUBMIT CERTIFICATE OF INSURANCE FOR GENERAL LIABILITY AND/OR VEHICLE, if applicable)**

State Sales Tax Permit No. \_\_\_\_\_

All provisions regarding food service requirements as required by the Code of the City of Norman are in compliance and I hereby approve the application of the below-named applicant for a temporary food service license.

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Cleveland County Health Dept. Date  
250 12th Avenue N.E. 321-4048

All provisions regarding zoning and sign requirements as required by the Code of the City of Norman have been explained to applicant and I hereby approve the application of the below-named applicant for a temporary food service license.

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Planning Department Date  
201 West Gray, Building "A" 366-5432

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Signature of Applicant

FEES: \$ 20.00                      1 Day Permit  
      \$ 50.00                      30 Day Permit  
      \$250.00                     180 Day Permit

Check payable to: City of Norman

City Clerk's Office                      405-366-5386  
201 West Gray  
Norman, Oklahoma 73069