

**NORWALK HEALTH DEPARTMENT
137 EAST AVENUE
NORWALK, CT 06851
(203) 854-7821**

**APPLICATION FOR ITINERANT FOOD SERVICE LICENSE
YEAR _____**

NAME OF COMPANY: _____

MODEL AND MAKE OF VEHICLE AND YEAR: _____

LICENSE PLATE NUMBER: _____ **COLOR OF VEHICLE:** _____

VIN.: _____

OPERATOR OF VEHICLE: _____


OWNER INFORMATION

NAME: _____

ADDRESS: _____

CITY,STATE,ZIP: _____ **HOME PHONE:** _____

ANNUAL FEE

***** Pay this Amount ***** 

SUBMITTED BY: _____ **Owner**

Signature: _____

**MAKE CHECK PAYABLE TO THE NORWALK DEPARTMENT OF HEALTH
FOR OFFICE USE ONLY:**

RECEIVED BY: _____ **DATE:** _____

CHECK NUMBER: _____ **RECEIPT NUMBER:** _____