

## MOBILE FOOD VENDOR MOBILE UNIT CHANGE FORM

BUSINESS (DBA) NAM	NE			
CITY LICENSE #				
EMAIL ADDRESS				
**Per Mesa City Code Title provided in an application	e 5, Chapter 4, a mobile food vendor m within ten (10) calendar days of occurr	ust notify the City of I	Mesa Licensing office in writi	ng of any change to any information
a) Commercial v b) Maricopa Cou	ring information for each mobile rehicle registration and proof of unty permit to operate ent year Arizona Annual Fire Instant	insurance	be attached to this cha	nge form:
Vehicle License #	VIN	Year	Make / Model	Color
Termination of Mobile Food Unit (s):				
				_
Vehicle License #	VIN	Make / Mode	el Effective Da	te
				_
				-
				_
Owner/Authorized Agent Printed Name			Date	
Owner/Authorized Agent Signature			Phone	

Business Services - Licensing Office 55 North Center Street PO Box 1466 Mesa Arizona 85211-1466 Ph (480) 644-2316 Fax (480) 644-3999 Licensing.Info@mesaaz.gov