

OCCUPATIONAL LICENSE PERMITS

TOWN OF CASHION

REGISTRATION Incomplete or missing information may delay the registration process

APPLICANT NAME		DATE
PHYSICAL ADDRESS	MAILING ADDRESS	
PHONE #	CELL PHONE #	
NAME OF VENDOR/FOOD TRUCK		

LICENSE MUST BE DISPLAYED

I hereby agree to obey the laws of an Oklahoma Driver and will substantially conform to all standards, regulations and procedures officially adopted by the Town of Cashion in town ordinance 9-101 and acknowledge receipt of a copy of the same.

Provide the following:

- A copy of your driver's license
- A copy of your State Tax ID No.
- Copy of your trade license

Applicant Signature _____
Date

FOR OFFICE USE ONLY Amount Paid: _____

PERMIT #		EXPIRE DATE	
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Authorized Signature _____
Date