



**Environmental
Health & Safety**
University of Missouri

Food Truck/Cart Operator Application

Application for use must be completed and submitted no later than August 1 to operate during the fall and spring semester. Applications received after August 1 will be reviewed and approved on a case-by-case basis. On Demand Program applications will be accepted at any time. All locations will be filled on a first-come, first-serve basis, and priority will be given to current vendors with current food truck contracts.

Send completed form to dunnkay@missouri.edu, or via mail to/ in person at:

900 E Stadium Blvd.
180 General Services Building, Columbia MO 65211

Vendor name (business name): _____

Federal Identification Number: _____

Cart Truck

Contact info (please include an alternate name and phone number):

Name: _____ Address: _____

Phone number: _____ E mail address: _____

Alt. Contact: _____ Alt. Phone number: _____

Is your truck or cart routinely inspected and registered with the City of Columbia? If yes when was your last inspection?

Is your truck or cart routinely inspected and registered with any other city or county? If so where? And please provide a copy of your most recent inspection report.

Where can customers find information on times and locations (e.g. social media URL)?

Based on Exhibit A what are your preferred use location codes? Please list the location code with the highest preference first followed by the next preferred, etc. At least one must be chosen and no more than 20. Rank ONLY the locations you are willing to purchase on your contract. For example, if you rank the South Providence location on Mondays, SP-M, and are awarded it, your contract must include the location and associated fees.

- | | | | |
|----------|-----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ | 16. _____ |
| 2. _____ | 7. _____ | 12. _____ | 17. _____ |
| 3. _____ | 8. _____ | 13. _____ | 18. _____ |
| 4. _____ | 9. _____ | 14. _____ | 19. _____ |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |

Maximum desired number of days operating on campus: _____