



Food Truck Registration Form

Name of Truck _____

Name of Owner/ Primary Contact Person _____

Address _____

Phone Number _____

Email _____

Description of Food, Product, or Service _____

Do you have a valid Kanawha County Health Department Permit? Yes No

Do you have a generator? Yes No

Exact Dimensions of Food Vehicle including generator _____

Description of Vehicle, i.e., Motorized or towed? _____

Dates Attending: _____

Signature: _____

Registration form must be received by: _____

Confirmation of Food Truck Vendor Registration will be sent by email.