



**City of Chandler
Tax & License Division**

**Responsible Party Application for
Mobile Food Unit Permit**

Telephone (480) 782-2280 (TDD) 800-367-8939
Location address: 175 S. Arizona Ave, Suite A., Chandler, AZ 85225
Mailing address: MS 701, PO Box 4008 Chandler, AZ 85244-4008

Responsible Party License # _____
Background Check: \$10.00 _____

Business Name: _____ DBA: _____ Chandler Permit #: _____

Name of Responsible Party: _____ Phone Number: _____

Residence Address: _____

Mailing Address (if different than residence): _____
City County State

SSN: _____ Date of Birth: _____ Place of Birth: _____

Height: _____ Weight: _____ Sex: _____ Hair Color: _____ Eye Color: _____

Driver's license number: _____ State: _____ Expiration: _____

List any other names you have used: _____

Character references: (two reliable residents of Maricopa County) although, may not use employer.

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

List all addresses where you have lived for the past five years: **(For additional space, use the back of this page)**

Address: _____ City: _____ State: _____ Zip Code: _____

List all employers for the past five years: **(For additional space, use the back of this page)**

Business Name: _____ Address: _____ City: _____ State: _____ Zip Code: _____ Phone #: _____

Prior conviction(s) of applicant: List Date, Place, Nature and Punishment or Penalty (For additional space, use the back of this page)

Date Place Nature and Punishment or Penalty

I certify that the statements made in this application are true and complete to the best of my knowledge.

Signature _____ Date _____

