

**TALLAHASSEE FOOD TRUCK ASSOCIATION
2017 Application for Membership**

Business Name: _____

Owner(s): _____

DBPR License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Truck or Trailer: _____ Dimensions: _____ Service side: _____

The following must be submitted via email to TallyFTA@gmail.com with your application:

- City of Tallahassee license
- DBPR license
- Department of Revenue license
- Menu
- Logo
- Proof of Insurance (Auto and Business)
- A brief description of your business (for use on the website and mobile app)

Incomplete applications will not be accepted.

2017 Membership Fee: \$150 New Members; \$125 Renewing Members (Checks can be made out to TFTA)

What do you expect to achieve by becoming a TFTA member?

Please allow up to 21 days for your application and payment to be processed.

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The TFTA has contracts to provide food services to private, State and County agencies that may require an additional background check. While all convictions may not bar you from membership, certain convictions will prevent you from conducting business as an agent of the TFTA.

In the past five years, have you or any owner of your business been convicted of a felony? ___Yes ___No

If yes, please explain: _____

By submitting this application, you authorize the Tallahassee Food Truck Association, Inc. (TFTA) and it's agents to make investigation of your background, character, consumer reports and criminal history record information which may be in any state or local files, including those which may be maintained by public and private organizations, and all public records for the purpose of confirming the information contained on your application and/or obtaining information which may be material to your qualifications for membership.

I hereby consent to the TFTA verifying all information I have provided on my application. I also agree to execute, as a condition of membership, any additional written authorization necessary for the TFTA to obtain access to any records pertaining to me (and any other individuals who, due to my membership, will represent my business and/or the TFTA). I hereby agree to release any person, company or other entity from any and all causes of action that otherwise might arise from supplying the TFTA with information it may request pursuant to this release. I understand that any false statements or misrepresentations by omission made by me on this application, or any related document, will be sufficient for rejection of my application or for immediate revocation of membership should such falsifications or misrepresentations be discovered once I am a member.

Signature

Printed Name and Title

Date

For TFTA Use:

Date Received	
Sticker Issued	

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