



New & Returning Member Application

syracusefoodtruckassociation@gmail.com

MOBILE UNIT NAME:	
CONTACT PERSON:	
MAILING ADDRESS:	
PHONE #:	
EMAIL:	
WEBSITE:	
DO YOU OFFER CATERING?	YES/NO
SOCIAL MEDIA	FACEBOOK: INSTAGRAM: TWITTER:
TYPE OF FOOD SERVED:	
LENGTH OF TIME IN OPERATION:	
ANY ADDITIONAL INFO YOU'D LIKE TO ADD:	

**SFTA retains a copy of all health department permits from each truck. Please include these with your application to be considered for events. If you do not have them yet, please indicate by circling the counties in which you intend on obtaining a permit. If permits are not on file by the time scheduling begins, you will not be added into the rotation.*

Onondaga Cayuga Cortland Madison Oswego

*Please include a copy of your General Liability/Certificate of Insurance with your application.

Please print name _____

Date: _____

Signature _____