



Mobile Food Vendors Waiver Request

Planning and Zoning

BUSINESS INFORMATION:

Name: _____ Owners: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Driver's License Number: _____ State Issued: _____

Vehicle/Trailer License Number: _____ State Issued: _____

Description of Vehicle/Trailer: _____

Food Safety & Consumer Protection Permit No: _____ Expiration: _____

Sales Tax Number: _____ Product Sold: _____

Liability Insurance Company: _____

REQUESTED WAIVER:

- Exceed maximum vehicle/trailer width and/or length
- Sell from City Right-of-Way
- Sell from City Park Area
- Other (describe below) _____

- Sell within a Prohibited Zoning District
Requested Zoning District:
 - R1 (Residential)
 - RR (Residential/Ranchette)
 - I-2 (Industrial)

Location of Request: _____

If leasing and/or has permission to use property, Does applicant have written consent of property owner?

Yes No

Requested Date or Date Range: _____

Days: Mon Tues Wed Thurs

Hours of Operation:

Fri Sat Sun

Open _____ AM PM Close _____ AM PM

Applicant Signature

Date

OFFICE USE

Approved Denied Conditional Approval

Comments: _____

Zoning Administrator

Date