



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:

- | | |
|---|---|
| <input type="checkbox"/> Exceed maximum vehicle/trailer width and/or length | <input type="checkbox"/> Sell within a Prohibited Zoning District |
| <input type="checkbox"/> Sell from City Right-of-Way | <u>Requested Zoning District:</u> |
| <input type="checkbox"/> Sell from City Park Area | <input type="checkbox"/> R1 (Residential) |
| <input type="checkbox"/> Other (describe below) | <input type="checkbox"/> RR (Residential/Ranchette) |
| | <input type="checkbox"/> 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