

City of Safety Harbor Application for MOBILE FOOD VENDOR

Date Received:	
File Number:	
Staff Reviewer:	

1. MOBILE VENDOR INFORMATION:

Owner Name:		Business Name:	
Address:			
Telephone:			E-Mail:
Size of Mobile Food Cart:	Length:	Width:	Height:
License Tag Number:			
Description of Food to Be Sold:			
Proposed Schedule of Operation:			

2. PRIMARY BUSINESS THAT WILL BE SERVED (BEER AND WINE ESTABLISHMENT):

Name:	
Address:	
Telephone:	E-Mail:

3. PROPERTY OWNER (IF DIFFERENT THAN ABOVE, PLEASE SPECIFY):

Name:	
Address:	
Telephone:	E-Mail:

4. REQUIRED INFORMATION:

- Copy of State business license (DPBR or Department of Agriculture, Food Safety)
- Copy of State of Florida, Department of Revenue, Sales Tax Certificate.
- Site or Sketch Plan depicting the proposed location of the mobile vending unit on the property showing existing building, parking and other improvements and setback from adjoining property lines.
- Photograph or detailed drawing of mobile vending unit.
- Signed copy of property owner authorization form.
- Sign-off from Fire Marshal/Fire Inspector that Mobile Vending Unit complies with the Florida Fire Prevention Code and applicable NFPA Code adopted by the City of Safety Harbor.

Fire Marshal/Fire Inspector Signature	Date

5. PERMIT FEE (Must be paid prior to processing):

Type	Permit Fee
Mobile Vending Permit	\$65.00



CITY OF SAFETY HARBOR, FLORIDA MOBILE FOOD VENDOR PERMIT

OFFICIAL USE ONLY	
MOBILE VENDOR:	
<input type="checkbox"/>	Approved
<input type="checkbox"/>	Approved with Conditions:
<input type="checkbox"/>	Denied

Planning and Zoning Administrator	Date

PERMIT EXPIRATION DATE:	
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NOTORIZED AFFIDAVIT "TO BE COMPLETED BY PROPERTY OWNER"

I and/or we, the undersigned certify ownership of the property within this application.

I/we, certify that _____ and _____
_____ is/are duly designated as the agent(s) for the owner,
that the agent(s) is/are authorized to make application for a mobile vending permit. Further, it is understood that this
application must be complete and accurate and the fee paid prior to processing.

The foregoing instrument was acknowledged before me this ____ day of _____,
20____ by _____ and
_____ who is/are personally known to me or who has/have produced
satisfactory photo identification.

Signature of Title Holder

Printed Name of Title Holder

Signature of Title Holder

Printed Name of Title Holder

Signature of Notary

Name of Notary [typed, printed or stamped]

**NOTARY
STAMP**

NOTORIZED AFFIDAVIT "TO BE COMPLETED BY MOBILE VENDOR"

I/we, certify that _____ have been provided a copy of the City's rules and regulations pertaining to the operation of a mobile vending unit under Section 17.02 of the Safety Harbor City Code. I understand that failure to maintain compliance with City ordinances may result in the suspension or revocation of the mobile vending permit. Moreover, the City may take code enforcement action to correct any violations pursuant to the Enforcement Procedure provided under Part II, Article III, Division 3 of the City Code, which may result in a fine or penalty being imposed against the mobile vendor and/or property owner.

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____ and _____ who is/are personally known to me or who has/have produced satisfactory photo identification.

Signature of Title Holder

Printed Name of Title Holder

Signature of Title Holder

Printed Name of Title Holder

Signature of Notary

Name of Notary [typed, printed or stamped]

**NOTARY
STAMP**