



MOBILE FOOD VENDOR PERMIT APPLICATION

City of New Port Richey
 Development Department
 City Hall, 5919 Main Street, 1stFloor
 New Port Richey, FL 34652
 Phone (727) 853-1039 * Fax (727) 853-1052

Application # _____
 Date Received: _____

\$100 application fee per mobile food unit; \$50 Renewal fee

THE APPLICATION IS SUBJECT TO THE PROVISIONS OF CHAPTER 13 OF NEW PORT RICHEY CITY CODE

Who must obtain this permit:

Any mobile food unit that remains in one location for more than fifteen (15) consecutive minutes, or is located in any part of the same four hundred (400) square foot area more than once in a twenty-four (24) hour period.

Applicant Information:

Applicant's Name(s):		Phone:
Applicant's Address:		
Applicant's E-mail Address:		
Primary contact: <i>(This is to whom the City will send all communication regarding this application)</i>		
Business Name under which the applicant will be operating:		
Property Owner's Name (If operating on private property)		Phone:
Property Owner's Mailing Address:		
Describe food that will be sold or distributed:		
License or Registration number of each vehicle that will be used under this permit (use extra paper if necessary):		
Type of mobile food unit to be utilized (truck, cart, etc):	Size (L x W x H)	

Request:

To operate on private property:	<input type="checkbox"/> YES
To operate on public property or public right-of-way:	<input type="checkbox"/> YES
Request for a Special Event only:	<input type="checkbox"/> YES

Location of All Possible Sites in City to Be Used This Year:

-Except where a special event mobile food vendor license has been issued, stationary mobile food units shall not be operated on the same property for more than any part of three (3) consecutive days.

-Please list all sites that the food truck is expected to be for the remaining period of your license. This may be amended at any time.

-Please provide a site plan that depicts the location(s) of the mobile food unit and ancillary items, location of the business in reference to the site, the business main entry points and exit points into/out of the building, the layout of the parking lot with the handicap areas labeled, and the ingress and egress of traffic coming on to/ out of the site from each street access point with the street names labeled.

Location:

Location:

Location:

Location:

Attachments:

- Florida State Department of Business and Professional Regulation Division of Hotels and Restaurants, or Florida Department of Agriculture, "License" for mobile vending.
- County Business Tax Receipt (BTR)
- Proof of insurance as per ordinance
- Site Plan location(s): a depiction of mobile food unit location and relevant information.
- Photographs of all vehicles to be used
- A signed hold-harmless agreement as per ordinance(see attached City form)
- Property owner's approval (If operating on private property only)
- City Business Tax Receipt (Issued once application has been approved)

Authorization to Visit the Property:

Site visits to the property by City representatives are essential to process this application. The Owner/Applicant, as notarized below, hereby authorizes the City representatives to visit, photograph, and post notices on the property described in this application.

Authorization for Owner's Representative

I _____, the **owner**, hereby **authorize** _____ **to act as my representative(s)** in all matters pertaining to the processing and approval of this application, including modifying the project. I agree to be bound by all representations and agreements made by the designated representative.

Signature of Current Business Owner(s): _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public _____

My Commission Expires: _____

Applicant's Affidavit:

I _____, the **owner or authorized representative**, have read and understand the contents of this application. The information contained in this application, attached exhibits and other information submitted is complete and in all aspects true and correct, to the best of my knowledge.

Signature of Owner or Authorized Representative: _____

Date: _____

Subscribed and sworn to before me this _____ day of _____, 20_____

who is personally known to me and/or produced _____ as identification.

STATE OF FLORIDA, COUNTY OF PASCO

Notary Public _____

My Commission Expires: _____