



MOBILE FOOD VENDING APPLICATION

Date Received		File Number: MV-	Application Fee: \$250.00
Application and all pertinent required data (listed below) MUST be submitted with this application			
<input type="checkbox"/> ORIGINAL application with Signed & Notarized Mobile Vending Application and/or Affidavit Authorization for Agent (if applicable)		<input type="checkbox"/> Date applicant met with the representatives of Zoning & Urban Design staff prior to the submission of a Mobile Vending Application _____	
<input type="checkbox"/> A copy of the deed or other evidence of ownership or lease agreement or letter from owner/manager authorizing Mobile Vending		<input type="checkbox"/> A disclosure statement of the real parties in interest on a form provided by the City, signed by the applicant and notarized. (if applicable)	
<input type="checkbox"/> Plot Plan: Detailed site plan must show proposed location of Mobile Vending vehicle, portable sign location and graphic image of the sign, location of solid waste facilities, and bathroom facilities.		<input type="checkbox"/> Written statement describing the proposed use and providing the following information: <ol style="list-style-type: none"> 1. The make, model and year of each mobile food dispensing vehicle for which a Local Business Tax Receipt is requested. 2. A notarized affidavit (Form provided by the City Clerk's office). 3. That the location approved is not otherwise allocated to another tenant. 4. The area is not an area required for parking, loading, unloading or vehicular access to the permanent facilities. 5. Is propane used in operation of the mobile food vending vehicle? 6. Provide contract for removal of graywater and/or used grease if applicable. 	
<input type="checkbox"/> All applications for Mobile Vending must submit two (2) copies of the following: <ol style="list-style-type: none"> 1. Proof of a current and valid license for a mobile food dispensing vehicle granted by the State of Florida DBPR, Division of Hotels and Restaurants, the State of Florida Dept. of Agriculture and Consumer Affairs. 2. Completed Local Business Tax Receipt application. 3. Copy of contract or other service for removal of used grease and gray-water if applicable. 4. Whether the vehicle uses propane in any manner. 			
THE SALE, DISPENSING OR DISTRIBUTION OF INTOXICATING BEVERAGES INCLUDING BUT NOT LIMITED TO LIQUOR, WINE AND BEER FROM A MOBILE DISPENSING VEHICLE IS PROHIBITED			
<p>In order that this application be processed in a timely fashion, the correct and complete information is necessary. It is suggested that the applicant bring the application to the Zoning & Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning & Code Compliance Division accepts no responsibility for the completeness or accuracy of the application. Errors in the filed application may result in delays with respect to approval. All data and exhibits submitted in connection with the filing of this application become a permanent part of the public record</p>			

1. Applicant					
Name					
Address		City		State	
Phone		Email address			

2. Owner(s) of Record							
Name							
Address		City		State		Zip	
Phone				Email address			
3. Mobile Vending Business Name							
Name							
Address		City		State		Zip	
Phone				Email address			
4. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)							
Name							
Address		City		State		Zip	
Phone				Email address			
5. City zoning district where Mobile Food Dispensing Vehicle is proposed.	<input type="checkbox"/> NC Neighborhood Center		<input type="checkbox"/> CC City Center		<input type="checkbox"/> SP Special Purpose		<input type="checkbox"/> HC Highway Commercial
6. Property Legal Description: (Attach separate sheet if necessary)							
Parcel ID /Account #	Lot #	Block#	Section				
Any person or entity holding real property in the form of a partnership, limited partnership, corporation, trust, or in any form of representative capacity whatsoever for other, shall in this application disclose the name and address of every person having a beneficial interest in the real property, however small or minimal.							
7. Make, model and year of the mobile food dispensing vehicle for which approval is sought. (use additional sheet if necessary)							
Make		Model		Year			
8. Provide name of company and copy of contract for removal of used grease or gray water.							
• What method of heating food does the vehicle use?							
• Is propane used in any manner in association with the operation?						<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. What are the hours of Operation?							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From							
To							
10. State of Florida license # A copy MUST be included							

I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

AFFIDAVIT-MOBILE VENDING OPERATOR

Signature of Owner or Authorized Agent

Print Name & Title

Date

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)

AGENT AFFIDAVIT (Property Owner to complete ONLY if applicable)

I/We _____, property owner(s), hereby authorize _____ to act as **Agent** on our behalf regarding a **MOBILE VENDING APPLICATION** on the property commonly known as _____ in Punta Gorda, Florida.

Signature of Property Owner

Print Name of Property Owner

Date

STATE OF _____)
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ___ day of ____, 20___, by _____, who is personally known to me or who has produced _____ as identification and who did not take an oath.

Notary Public, State of Florida

My commission Expires

(Seal)

Zoning use Only: Approved Denied

Comments/Conditions of approval: _____

Zoning Approval

Date