



## MOBILE FOOD VENDING CLEARANCE PERMIT APPLICATION

Name of Business: \_\_\_\_\_

Applicant Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address City State Zip Code

Contact Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Address where mobile food vending unit will be located: \_\_\_\_\_

Dates Requested: From: \_\_\_\_\_ To: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Property Owner Permission to Operate:

\_\_\_\_\_  
Property Owner Signature Date

Health Department Certificate Issued? Yes \_\_\_ No \_\_\_; Date Issued: \_\_\_\_\_

Valid from: \_\_\_\_\_ to: \_\_\_\_\_ Certificate # \_\_\_\_\_

I, the undersigned certify that the information in the foregoing application is accurate and true to the best of my knowledge and acknowledge my responsibility to ensure that:

- I have obtained permission from the property owner to utilize the property for a mobile food vending unit.
- I have obtained a Zoning Clearance Permit from the City of Kannapolis and will post in a visible location on the mobile vending unit. I understand that the permit is valid for one calendar year and must be renewed on an annual basis.
- I agree that all applicable local and state regulation, including, but not limited to, Health Department, Environmental Health, and Environmental Protection, shall be met.
- I agree that the mobile vending unit will not be located in any required setback, sight distance triangle, or required buffer nor shall any drive aisle, loading/service area, pedestrian walkway, emergency access, or fire lane be impeded.
- I agree that trash receptacles must be available and located no more than 10 feet from the mobile vending unit and that I am responsible for removing all trash, litter, and refuse from the site at the end of each business day.
- I agree that the mobile vending unit will not be used as a drive-thru service and that one (1) parking space per 250 sf of the mobile vending unit must be provided (except in Center City District).
- I agree to obtain a sidewalk encroachment from the Public Works Department if applicable.
- I agree to remove the mobile vending unit at the end of each business day.

\_\_\_\_\_  
Applicant's Signature Date

### For Staff Use Only:

Filing Fee: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date Received: \_\_\_\_\_