

Planning Department 401 Laureate Way Kannapolis, NC 28081 704.920.4350 bbarcroft@kannapolisnc.gov

## MOBILE FOOD VENDING CLEARANCE PERMIT APPLICATION

| Name of Business:  |  |  |
|--|--|--|
| Applicant Last Name:   | First Name:  | MI:  |
| Mailing Address:   |  |  |
| Stre   | eet Address City   | State Zip Code   |
| Contact Phone:   | Email Address:   |  |
| Address where mobile food ve   | ending unit will be located:   |  |
| *(Include map of exact location)   |  |  |
| Property Owner Name:   | First Name:  | MI:  |
| <b>Property Owner Permission to</b>  | Operate:   |  |
| Property Owner Signature   |  | Date   |
| Health Department Certificate  | Issued? Yes No; Date Issued: _   |  |
| Valid from:  | to:Certificate #   |  |
| <ul> <li>I have obtained permission in a large that the mobile vending unit. I under basis.</li> <li>I agree that all applicable look Health, and Environmental Fill agree that the mobile vend buffer nor shall any drive a impeded.</li> <li>I agree that trash receptable that I am responsible for render that I am responsible vending unit.</li> <li>I agree to obtain a sidewalk.</li> <li>I agree to remove the mobile.</li> <li>I agree that permit is valid for the mobile.</li> </ul> | from the property owner to utilize the property for a clearance Permit from the City of Kannapolis and estand that the permit is valid for one calendar year cal and state regulation, including, but not limited to | a mobile food vending unit. will post in a visible location on the and must be renewed on an annual b, Health Department, Environmental c, sight distance triangle, or required emergency access, or fire lane be seet from the mobile vending unit and seend of each business day. d that one (1) parking space per 250 |
| Applicant's Signature  |  | Date   |

Permit Fee: \$50