

Mobile Food Vendor Permit Application

Name of Vendor: _____

Make and Model of Unit: _____ License Plate Number: _____

OWNER/OPERATOR'S CONTACT INFORMATION

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Email: _____

(If Different from Owner)

Operator's Name: _____

Operator's Address: _____

Operator's Phone: _____ Operator's Email: _____

OPERATIONAL INFORMATION

Type of Operation: Street Vending Unit (Food Truck) Sidewalk Vending Unit (Pushcart)

Hours of Operation _____
(cannot exceed 8AM – 9 PM & 9 consecutive hours)

Days of Operation _____

Location(s) (attach owner's approval for each location):

Planning verification: _____ **(initials & date)**

OPERATIONAL CONDITIONS FOR ALL VENDORS (PLEASE INITIAL EACH TO SHOW YOUR INTENT TO COMPLY):

1. Current permit from a County Health Department in North Carolina (except ice and ice cream vendors which are not regulated by the Health Department) **(Attach copy to application)**. _____
2. Mobile vending units shall be located at least 10 feet away from the nearest building, provided that a mobile vending unit may be located closer than ten feet to a building if the location has been approved in advance by the Hillsborough Fire Marshal. _____
3. Vendors shall only serve walk-up customers, not customers in a motor vehicle. _____
4. Vendors shall not broadcast music or loud advertisements. _____
5. Vendors shall not provide customer seating. _____
6. No signage allowed except signage affixed to the mobile vending unit identifying the vendors and menu/price information. _____



- 7. Vendor must display the Town of Hillsborough Permit in a prominent location on the unit. _____
- 8. Only one vendor may locate on any parcel at one time. _____
Planning verification: _____ **(initials & date)**
- 9. Vendors must provide for adequate waste collection from their customers and remove waste from the site daily without using public waste receptacles. _____
- 10. Vendors must operate in a safe, sanitary, and non-offensive manner. Complaints of unsafe conditions, excessive waste or noise (from patrons or machinery), or other disruptive conditions to neighboring owners or occupants will be investigated and may be the cause for revoked or denied permits. _____
Planning verification: _____ **(initials & date)**

AGREEMENT

I hereby agree to conform to all applicable laws and regulations of the Town of Hillsborough, County of Orange and State of North Carolina (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. I understand that this permit is valid for one year only and must be renewed annually.

Applicant Signature

Date

SUBMITTAL DIRECTIONS:

- 1. Complete this form & collect property owner consent statements.
- 2. Take this completed form & Property owner consent statement(s) to the Planning Department for review.
- 3. The Planning Department will return the form to you when their review is complete.
- 4. Submit the completed form with completed Planning Department review to the Hillsborough Finance Office.

FOR OFFICE USE ONLY:

Fees:

Application fee _____ \$50 _____

Fee Collected: \$ _____

Mobile Food Unit Permit Status (circle one)

Approved _____
Approved with conditions _____
Denied _____

By: _____

Date: _____

Forwarded to other for review/information:

Police Department Planning Department Other
Fire Marshal Public Works



Mobile Food Vendor Consent Forms (make as many copies as necessary)

PROPERTY OWNER CONSENT

The property owner must indicate consent for use of their property below for a mobile food vendor:

I authorize _____ to locate on my property at _____ and
(Mobile Food Vendor) *(Address/Location)*
to operate at the following times: _____

Printed Name of Property Owner

Phone

Signature of Property Owner

Date

FOR OFFICE USE ONLY:

PLANNING CHECK OFFS:

- Zoning
- Owner name
- Only vendor at this location
- Hours of operation
- Potential conflicts/nuisances

By:

Date: