



## PERMIT FOR FOOD TRUCK/TRAILER – VENDOR APPLICATION

(One form per property; one form per Vendor)

**Food Trucks are only allowed to operate on private non-residential property**

### APPLICANT INFORMATION

Food Truck/Trailer Owner's Name (Last, First, Middle):		
Address:	City, State & Zip:	
Home Phone:	Work Phone:	Other Phone:
Name of Food Truck/Trailer Business:		Email Address:
County Health Department :		Phone Number:

### PROPERTY AND PROPERTY OWNER(S) INFORMATION

Proposed Vending Location:	
Address:	
Property Owner(s) Name:	
Address:	City, State & Zip:
Phone Number:	Email Address:

### Noise , Sign, Emergency Access Information

If generator proposed, decibel level for which it is rated: \_\_\_\_\_ (for compliance with Noise Ordinance in the Municipal Code)

Sign permanently attached to vehicle okay. Portable menu sign of no more than 6 s.f. also allowed.

Vending area must have sufficient emergency access.

### Acknowledgements and Signature of Vendor

No temporary potable water connections.

No dumping of grease or grey water into storm sewers, dumpsters.

Grease to be disposed of properly at commissary restaurant location.

Trash receptacle and recycle provided.

Truck will be located 15' from fire hydrants \_\_\_\_, 5' from driveway entrances \_\_\_\_, utility boxes \_\_\_\_, sidewalks \_\_\_\_, alleys \_\_\_\_, handicap parking spaces/ramps \_\_\_\_, tree trunks \_\_\_\_.

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\_\_\_\_ A fire extinguisher of minimum Class 2A, 10B, and C grade will be kept on the truck. If deep frying proposed, a Class K fire extinguisher will also be kept on the truck/trailer.

\_\_\_\_ Food truck has been approved by the County Health Department.

*Signature of food truck vendor* \_\_\_\_\_ *(date)* \_\_\_\_\_

**Permission, Waivers, and Signatures of Owner (s) of Property where vending will occur** (property owner to check all that apply and sign below)

\_\_\_\_ Property owner (s) grants permission for this vendor’s food truck to use the property at \_\_\_\_\_ (address)

\_\_\_\_ Property owner (s) grants waiver for use of on-site parking area during hours of operation of other businesses on the site.

**REQUIRED:**

*Signature of owner(s) of property where food vending is proposed*

*(name)* \_\_\_\_\_ *(date)* \_\_\_\_\_

**TO BE FILLED OUT BY THE TOWN OF DAVIDSON:**

**Permit Fee:** \_\_\_\_\_ **Approved:**  Yes  No  
**Payment Received:**  Yes  No **(Date)** \_\_\_\_\_ **Approved By:** \_\_\_\_\_