



**MOBILE FOOD FACILITY VENDING LOCATION VERIFICATION**

Please make sure the writing is as clear as possible. (An illegible application will result in a delay or denial of a permit.)

**MOBILE FOOD FACILITY INFORMATION**

Business Name			License #
<input type="checkbox"/> Vehicle Make	Model	Year	<input type="checkbox"/> Cart
Permittee's Name			Phone
Address			
City		State	Zip

**PROPOSED VENDING LOCATION**

Property Address			A.P.N.
City		State	Zip
Power Type	<input type="checkbox"/> Plug-in	<input type="checkbox"/> Generator	<input type="checkbox"/> Inverter <input type="checkbox"/> Other
Owner's Name (print)			Phone
Owner's Signature			Date:

**Planning Department Office Use Only**

Planning Agency	Planner	Zoning Designation
Approved Location <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for denial, if applicable	
Planner's Signature	Date:	

The business listed below has given us permission to set up our Mobile Food Unit within 200 feet of their property for the use of toilet and hand-washing facilities. The restroom must provide:

- The proposed restroom is to be in an operational business.
- Hot (100°F) and cold potable water under pressure are to be available.
- Must be available at all times while the mobile food facility is operating.
- Sanitary restroom with operating toilet, soap and paper towel dispensers.

**RESTROOM FACILITY INFORMATION**

Company Name		
Address		
City		State Zip
Days/Hours of Operation		
Business <input type="checkbox"/> Owner's <input type="checkbox"/> Manager's Name (print)		Phone
Signature:		Date:

**Department of Environmental Resources Use Only**

Approved Location <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for denial, if applicable
Inspector's Signature	Date:

• The operational location for the MFF must have the approval of the local zoning agency prior to the final approval of DER.

# EXAMPLE PLOT PLAN

