

**Community Development Department
Mobile Food Vendor Application**

PERMIT #: _____

Business Name: _____

Business Owner's Name: _____

Business Owner's Address: _____

Business Phone #: _____ Email Address: _____

Mobile Food Vendor's Company Name: _____

Address of Mobile Food Vendor : _____

MOBILE FOOD VENDOR INFORMATION

Date Requested for Vendor Service (not to exceed two consecutive days): _____

Hours of Vendor Service (to be limited to sponsoring business hours): _____

Outdoor Seating Requested: Yes No

THE FOLLOWING INFORMATION MUST BE SUBMITTED SEPARATELY FOR EACH MOBILE FOOD VENDOR BEFORE THE GRANTING OF A MOBILE FOOD VENDOR PERMIT.

- _____ 1. Site drawing showing the exact space where the Mobile Food Vendor would be located in relation to the existing building and parking:
 - Vendor placement shall comply with Section 405.480.d.9.
 - Only one Mobile Food Vendor shall operate from a location at a time.
 - Outdoor seating, if proposed, shall be depicted.
 - Plan shall identify available restrooms and waste receptacles for use by the Mobile Food Vendor.
 - Any proposed signage associated with the vendor shall be identified on the drawing.
 - Any electrical connections between the Mobile Food Vendor and the existing building.

 - _____ 2. Written consent of property owner for use of the parking lot and business restrooms.

 - _____ 3. The Mobile Food Vendor shall submit a copy of a valid Business License and St. Charles County Health Department approval.
-

I have read the above application and know the contents thereof, certifying the same to be true and correct. I further state that I am familiar with the laws governing the operation of Mobile Food Vendors within the City of Wentzville and that the above vendor will operate in conformity therewith. I understand that this permit is non-transferable and that the ability of the Mobile Food Vendor to operate upon the property shall be limited to the dates and times listed on this application.

Applicant's Signature: _____ Date: _____

Applicant's Name (Print): _____

Information below only required if different from the Business Owner's Information above:

Applicant's Address: _____

Applicant's Telephone#: _____ Applicant's Fax#: _____

Applicant's Email Address: _____

Community Development, Planning Division Review and Approval:

Community Development Director (or designee)

Date