

City of DeLand
Application for
Mobile Food Vendor

Applicant's Name

Business Name (Your business' Name)

Business Address (Your business' Address)

City

State

Zip

Business Phone

Emergency Phone

Job/Site Location

Property Owners Name

Business Phone

Description of Business

Name of Emergency Contact

Address

City

State

Zip

()
Phone

Required Attachments:

- Fire Retardant Certification**
- Detailed Site Plan showing position of the cart on the lot and any auxiliary structures or objects.**
- Letter from property owner allowing cart to be parked on their property**
- State License**

A Fire Inspection shall be performed and approved prior to issuance of a permit.

<input type="checkbox"/> Vehicle Dimensions _____ Quantity _____ <input type="checkbox"/> Tent Quantity _____ Dimensions _____	<input type="checkbox"/> Cold Air Balloons Dimensions _____ <input type="checkbox"/> Tables/Chairs Quantity _____ <input type="checkbox"/> Other Description _____
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I understand that granting of the Business Tax Receipt implies only that the zoning of the location, as referenced on the Business Tax Receipt, in which I intend to operate my business is appropriate for that type of business. Additionally, I understand that the granting of a Business Tax Receipt does not waive my responsibility to ensure that all applicable requirements have been met. Additionally, I agree to hold the City of DeLand harmless for any damages that I may incur from failure to meet all City of DeLand requirements.

The City of DeLand's Fiscal Year is October 1st - September 30th . All licenses shall be due and payable on October 1st of each year. Those licenses not renewed by October 1st shall be considered delinquent and subject to a delinquency penalty of ten percent for the month of October, plus an additional five percent penalty for each month of delinquency thereafter until paid. If the license is not paid by February 1st there is an additional late fee of \$250.00.

Applicant Signature: _____ Date: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____

By _____ who is known to me or has produced
_____ as identification and who did take an oath.

Notary as to Owner

Date

F 19 Tent (10x10)& Air Supported Structures _____	Fee:\$50.00 each
17-1166 Mobile Vendor _____	Fee: \$175.00 annual
Total Fee: \$ _____	

For Office Use Only

Building Department:

 Approved by Chief Building Official _____
Date

Remarks: _____

Fire Department:

Fire Inspection: Yes No (\$35.00) Date of Inspection: _____

Fire Inspector

Other Fire Services/ Inspections (Based on Fee Resolution) :

Inspection type _____ Fee: _____

Remarks: _____

Planning & Zoning Department:

Zoning Approved: Yes No Date: _____ Initials: _____

Remarks: _____
