



City Recorder, Gayla Webb | P.O. Box 307, 123 Tiger Dr. | Townsend, TN 37882 | (865) 448.6886

## APPLICATION FOR MOBILE FOOD VENDOR

Date \_\_\_\_\_

Amount Paid \_\_\_\_\_

### 1. APPLICANT INFORMATION (Owner(s) of the Business)

Business Name: \_\_\_\_\_

Owner #1 Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Description of the nature of the business and of the goods to be sold: \_\_\_\_\_

\_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_ Year: \_\_\_\_\_

Trailer Make: \_\_\_\_\_ Trailer Model: \_\_\_\_\_ Year: \_\_\_\_\_

Have any of the officers, members or shareholders been convicted of a felony within a ten-year period immediately preceding the date of this application? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe in detail all such felonies: \_\_\_\_\_

\_\_\_\_\_

### OWNER #2 (If applicable)

Owner #2 Full Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(USE ADDITIONAL SHEETS IF NECESSARY TO LIST ALL OWNERS)

**2. PERMISSION FOR BACKGROUND CHECK:**

The undersigned acknowledges that the City of Townsend will obtain a background check of the Owner(s) of the mobile food vendor vehicle. The City reserves the right to reject an applicant if he or she (or in the case of an LLC or corporation, its owner(s)), (1) is a registered sex offender; (2) has been convicted of a felony in the past ten years; (3) has a chronic history of an unreasonable number and kind of moving vehicle violations as determined by the Chief of Police; or (4) presents an unreasonable public health and safety risk based on past criminal history as determined by the Chief of Police.

The undersigned also acknowledges and affirms their duty as hereby required by this code to perform background checks on each employee or agent operating the mobile food vendor vehicle permitted herein. They acknowledge and affirm that they will not allow an employee or agent to work in the City of Townsend as a mobile food vendor if such employee or agent is a registered sex offender or if such employee or agent has been convicted of a felony within the past ten years.

**3. STATEMENTS**

The Applicant or Applicants named in this application agree to comply with all applicable federal, state and city laws and ordinances, and agree to the validity of and reasonableness of the application fee.

The Applicant or Applicants named in this application hereby certify the truthfulness of the information provided in this application.

**Owner #1**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

STATE OF TENNESSEE )

COUNTY OF \_\_\_\_\_)

The applicant named above in my presence and who, after being duly sworn according to law, made oath that the facts as stated therein are true, signed this application.

Sworn and subscribed to me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

**Owner #2**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Printed Name \_\_\_\_\_

STATE OF TENNESSEE )

COUNTY OF \_\_\_\_\_)

The applicant named above in my presence and who, after being duly sworn according to law, made oath that the facts as stated therein are true, signed this application.

Sworn and subscribed to me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

My commission expires: \_\_\_\_\_

Notary Public: \_\_\_\_\_

## Required Documents Checklist

This page is for reference only.

Additional documents or information may be required by the City Recorder.

Name of Mobile Food Vendor \_\_\_\_\_

Required Item	Applicant	Staff
Notarized Application	<input type="checkbox"/>	<input type="checkbox"/>
Copy of City and/or County business licenses	<input type="checkbox"/>	<input type="checkbox"/>
Copy of TN Department of Health license	<input type="checkbox"/>	<input type="checkbox"/>
Copy of driver's license(s)	<input type="checkbox"/>	<input type="checkbox"/>
Copy of vehicle and/or trailer registration	<input type="checkbox"/>	<input type="checkbox"/>
Copy of proof of automobile liability insurance	<input type="checkbox"/>	<input type="checkbox"/>
Color photo of the mobile food unit (interior & exterior)	<input type="checkbox"/>	<input type="checkbox"/>
Proof of sales tax registration	<input type="checkbox"/>	<input type="checkbox"/>
Letter of permission for set up from property owner	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Transient Vendor License, if required	<input type="checkbox"/>	<input type="checkbox"/>
Annual Application fee of \$100 or single-event fee of \$50	<input type="checkbox"/>	<input type="checkbox"/>

**All Mobile Food Vehicles/Trailers will require an inspection by the Department of Health prior to a permit being issued.**

### For Office Use Only

Date of Receipt of Application: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_

Permit Number: \_\_\_\_\_

