



City of Morganton

Mobile Food Vendor Application

Development & Design
Services
305 East Union St Suite
A100 Morganton, NC
28655
Phone (828) 438-5260
Fax: (828) 438-5264

Section A:

Vending Unit Location(s):

Vending Unit Name:

Applicant Name:

Applicant Address:

City/State/Zip:

Phone Number(s): (work) (other)

Email Address:

Business Owner's Name (if different than applicant):

City/State/Zip:

Phone Number(s): (work) (other)

Section B:

Where will your mobile food vending unit be located? Check all that apply:

- On public right-of-way (such as within a parking space on a public street or public lot)
- Within downtown Morganton (within 100 feet of existing restaurant?)
- At special events only
- On private property (Property Owner Consent form and map of location must be attached)

Requirements:

- Copy of vehicle or trailer registration and location of grease disposal/garbage disposal facility
- Proof of insurance
- Copy of County Health Department permit within State of NC

I certify under penalty of perjury that the information above is correct and complete to the best of my knowledge and belief. By signing this application, I hereby acknowledge and agree to indemnify and hold the City of Morganton harmless from any and all claims, actions or liabilities of every kind and description which may accrue to, or be suffered by, any persons by reason of or related to the operation of such mobile food vending unit. In addition, I acknowledge and agree that this permit is wholly of a temporary nature, that it vests no permanent right whatsoever, and that it may be suspended or revoked pursuant to Section 2.3 of the Zoning Ordinance.

The applicant understands that the granting of the permit applied for hereon does not constitute an authorization to conduct a business at any location or in any manner which is in violation of any City ordinance; licensee agrees to comply with all City ordinances (e.g. building codes, zoning codes, limitations on locations.)

Date:

Applicant signature: