



City of Mt. Juliet

Planning and Zoning Department

Mobile Food Vendor Permit

Approval Stamp

Daily Annual /Expires: ___/___/___

Owner Name: _____ Address: _____ Phone: _____

Operator Name: _____ Address: _____ Phone: _____

Vehicle Description

Year: _____ Make: _____ Model: _____ License Plate Number: _____

Vendor Name: _____

Operation Dates: _____ to: _____ Days of Week in Operation: Su Mo Tu We Th Fi Sa

Operating Times per Days of week: _____

Address of Operation: _____ Zoning Class: _____

Residential Zoning

Event ___ of 12 for Calendar Year

Industrial Zoning

I _____, owner/ authorized agent of the property listed above as address of operation do hereby give my expressed consent for the Mobile Food Vendor to operate on my property as described on this application by signing below.

Date: _____

Authorized By Signature: _____ Title: _____

Initial Each Required Acknowledgement

I have provided color photographs of the exterior (front, side, and back) of the vehicle in its final condition and with all markings under which it will operate.

I have provided a copy of the vehicle license and registration form reflecting the vehicle Identification number.

I have provided a copy of the state or county health dept. license or permit applicable to mobile food providers.

I have provided a copy of any alcoholic beverage licenses, if applicable.

I have provided a copy of the operator's business license.

I have provided a copy of the TN State Fire Marshall's approval.

I have provided a copy of a certificate of insurance coverage, including required motor vehicle insurance coverage.

I have provided a copy of a Signed Restroom agreement, if applicable.

I have provided a copy of a valid Driver License for any operator of the mobile food unit.

I acknowledge The City may impose additional conditions and restrictions on the issuance of a food vendor permits. Such conditions and restrictions may relate to, but are not limited to, hours of operation, layout, parking, security, and insurance requirements.

**As operator of the mobile food unit, I hereby acknowledge that I have read City of Mt. Juliet Ordinance 2023-31 and will comply with all applicable requirements therein.*

Date: _____ Applicant Signature: _____

City of Mt. Juliet Staff Only

Check #: _____ Receipt #: _____

City of Mt. Juliet Sales Tax Paid: Yes/ Annual Permit, No/ Daily Permit

Date: _____ Planning and Zoning Department Authorized Signature: _____

Submit this completed application to planning@mtjuliet-tn.gov

If you have questions regarding mobile food vendors, please call Planning & Zoning at (615) 773-6283

v2023-1.1