



Mobile Food Vendor Special Permit Application

Name of Business: _____

Make and Model of Unit: _____ License Plate Number _____

Attach a photograph of the vehicle and 2 prints of a full-face photograph of any person(s), taken not more than 30 days prior to the date of this application, who will sell or offer for sale any food or beverage from this vehicle.

OWNER/OPERATOR'S CONTACT INFORMATION

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Email: _____

(If Different from Owner)

Operator's Name: _____

Operator's Address: _____

Operator's Phone: _____ Operator's Email: _____

OPERATIONAL INFORMATION

Please attach copy of one or both KY Statewide Mobile Food Unit Permit KY Statewide Retail Food Unit Permit

Hours of Operation: _____

Days of Operation: _____

Location(s) (submit property owner's approval for each location): _____

Please attach copy: Proof of an insurance policy, issued by an insurance company licensed to do business in the Commonwealth of Kentucky, protecting the permittee/property owner and the City of Bardstown from all claims for damages to property and bodily injury, including death, which may arise from operations under or in connection with the permit. Such insurance shall name the City of Bardstown as additional insured and shall provide that the policy shall not terminate or be canceled prior to the expiration date without thirty (30) days advance written notice to the City of Bardstown. Such insurance shall afford minimum limits of one hundred thousand dollars (\$100,000) per person bodily injury, three hundred thousand dollars (\$300,000) per occurrence bodily injury, and twenty-five thousand dollars (\$25,000) per occurrence property damage.

DESCRIBE ALL FOODS AND BEVERAGES TO BE SOLD:

OPERATIONAL CONDITIONS FOR ALL VENDORS-NOT ALL INCLUSIVE (PLEASE INITIAL EACH TO SHOW YOUR INTENT TO COMPLY):

1. ____ No permit shall be transferable nor shall such permit authorize activities by any person other than the person to whom it is issued.
2. ____ Every person to whom a permit is issued shall conform at all times with all applicable City of Bardstown requirements, including without limitation, local zoning codes and regulations; local occupational license fee ordinances and regulations; and any other applicable regulation or code provisions.
3. ____ Any permit issued under this chapter shall be posted conspicuously at the place of business authorized therein.
4. ____ Permits issued under this chapter shall be valid for the time period specified thereon.
5. ____ A mobile food vendor must be 18 years or older or if between the age of 14 and 17, inclusive, must submit proof of a valid work permit.
6. ____ No mobile food vendor may set out chairs or tables unless their location is within 100 ft. of a public restroom.
7. ____ No mobile food vendor shall be located closer than 20 feet from any building or structure on the licensed property or adjoining property.
8. ____ No mobile food vendor's vehicle shall be located on a lot that does not have an approved entrance to a street or roadway.
9. ____ No mobile food vendor shall operate as a "drive through" business.
10. ____ No mobile food vendor's vehicle shall locate closer than 50 feet from flammable combustible liquid or gas storage and dispensing structures.
11. ____ No mobile food vendor shall locate closer than 100 feet of a City of Bardstown's permitted community event or fair, without the written permission of the event organizers.
12. ____ No mobile food vendor shall locate his or her vehicle within 20 feet of any public right-of-way or within 20 feet of the intersection of any public right-of-way and private driveway.
13. ____ No mobile food vendor shall conduct business so as to violate any zoning, traffic or sidewalk ordinances of the City of Bardstown as now in effect or hereafter amended, or to cause a traffic hazard.
14. ____ The location used by and for the mobile food vendor, along with the entrance and driveway to the location must be paved. (to accommodate HS 20 loads)
15. ____ No signs or signage shall be permitted other than that which is permanently painted or adhered to the mobile food vendor's vehicle. (no streamers, pennants, flags, etc.)
16. ____ At the conclusion of daily business activities, the mobile food vendor shall clean up and remove all debris, trash and litter generated by their business activities.

Local Planning & Zoning verification: _____ (initials & date)

AGREEMENT

I hereby agree to conform to all applicable laws and regulations of the City of Bardstown, County of Nelson and State of Kentucky (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge.

Applicant's Signature

Date

SUBMITTAL DIRECTIONS:

1. Complete this form and attach *Statewide Permit, Proof of Insurance, Business License Application and Pictures*.
2. Bardstown's Business License form can be found at cityofbardstown.org
*Note: Business License Fee is pending City Council Approval of Mobile Food Vendor Application.
3. Present the completed application with attachments to the Office of the City Clerk, M-F, 8am-4:30pm.
4. Allow up to thirty (30) days before special permit is issued or denied.

FOR OFFICE USE ONLY:

Mobile Food Vendor Special Permit Status (check one)

- Approved
- Approved with conditions: _____
- Denied: _____

By: _____ Date: _____

THE CITY OF
BARDSTOWN
FINANCE DEPARTMENT



220 N. 5TH ST. BARDSTOWN, KENTUCKY 40004
Telephone: (502) 348-8947 Fax: (502) 348-2433

*Zoning Verification: _____

Must be signed by Director of Planning Commission

*Contact Planning Commission, 2nd Floor, Old Courthouse Building, One Court Square, Bardstown. Phone #502-348-1805

Name of Business or DBA: _____

Owner/Owners: _____

FEIN: _____ or Social Security #: _____ DOB: _____

Business Address: _____

City: _____ State: _____ Zip: _____

If mailing address is different from above,

Mailing Address: _____

City: _____ State: _____ Zip: _____

Nature of business: _____

Date Business Started or Will Start in Bardstown: ____ / ____ / ____

Phone: _____ Alternate Phone Number: _____

Fax: _____ Email Address: _____

Form of Business:

____ Individual owner ____ Corporation ____ Partnership ____ SubS Corp ____ Fiduciary

____ Non-Profit Corp ____ Government ____ Other (describe) _____

Was business acquired from previous licensee? Yes or No If yes, who? _____

Do you have employees working within the city limits? Yes or No If yes, how many? _____

If working temporarily within the city limits, give dates: From ____ / ____ / ____ until ____ / ____ / ____

Job site: _____

I hereby certify that the information provided herein is true and accurate to the best of my knowledge. I understand that obtaining a business license does not guarantee my right to do business at the location indicated. I hereby affirm that I will determine and comply with all applicable Zoning Regulations, Sign Ordinances, and other local, state, and federal requirements.

For Mobile Food Vendors, please remit **\$25 license application fee** upon approval of Mobile Food application.

Signature

Date