

City of Bardstown

Mobile Food Vendor Special Permit Application

Name of Vendor: _____

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: _____

City, State, Zip

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

(If Different from Owner)

Operator's Name: _____

Operator's Address: _____

City, State, Zip

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: _____

(cannot exceed 14 consecutive days)

Location(s) (attach 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.

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. I understand that this permit is valid for fourteen (14) days.

Applicant's Signature

Date

SUBMITTAL DIRECTIONS:

1. Complete this form, attach all pictures and copies required & collect property owner consent statements.
2. Present the completed application to the Office of the City Clerk, M-F, 8:00 a.m. – 4:30 p.m.
3. City of Bardstown's Business License and Occupational License information is online: cityofbardstown.org
> Online Forms
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: _____

Mobile Food Vendor Consent Forms (make as many copies as necessary)

PROPERTY OWNER'S CONSENT

The property owner must indicate consent for use of their property below for a mobile food vendor:

I authorize _____
(Mobile Food Vendor)

to locate on my property at _____
(Address/Location)

And to operate at the following times: _____

Name of Business

Printed Name of Property Owner

Phone

Signature of Property Owner

Date