SIMS, NORTH CAROLINA

6501 US Hwy 264-Alt, P.O. Box 161, Sims, NC 27880

(252) 237-4226

MOBILE FOOD VENDOR PERMIT APPLICATION

Application Date: _____ **Case Number (town assigned):** _____

BUSINESS/APPLICANT INFORMATION

BUSINESS NAME: _____

APPLICANT NAME:_____

MAILING ADDRESS:_____

PRIMARY TELEPHONE: _____ EMERGENCY PHONE _____

EMAIL ADDRESS: _____

MOBILE FOOD TRUCK LICENSE PLATE #: _____

FOOD TRUCK: _____ FOOD PUSHCART: _____

COMMISSARY LOCATION: _____

PROPERTY LOCATION INFORMATION

SITE OWNER NAME:_____ TELEPHONE#: _____

SITE OWNER LOCATION ADDRESS:_____

SITE OWNER MAILING ADDRESS: _____

PIN OR PARCEL # OF SITE: _____ ZONING OF SITE: _____

NUMBER OF OFF-STREET PARKING AVAILABLE? _____

TYPES OF FOOD TO BE SERVED: _____

DOCUMENT CHECKLIST

____ SITE OWNER CONSENT FORM

____ SITE PLAN OR LAYOUT DRAWING – must include vendor layout, but also other site features

____ OPERATING SCHEDULE

____ PHOTO OF FOOD VEHICLE and FOOD VEHICLE REGISTRATION (photocopy)

____ WILSON COUNTY HEALTH DEPARTMENT PERMIT (photocopy)

____ NC SALES and USE CERTIFICATE (photocopy)

____ TOWN BUSINESS LICENSE

____ PERMIT FEE

____ PUSHCART – ANSI Certification or equivalent

____ PUSHCART – Description of how ice will be used and stored; if no ice, how food is maintained.

I certify that all the information contained in this application is true and correct to the best of my knowledge and belief. I acknowledge that the permit applied for shall be subject to all provisions of the Town of Sims' Zoning Ordinance, Article XV, Section 150.1, under which the permit is granted, and shall be subject to all provisions and statutes and rules adopted under the State of North Carolina and Wilson County governing food service establishments and mobile food vendor units.

I also certify that I have received a copy of the Mobile Food Vendor provisions of Article XV, Section 150.1and have reviewed the said provisions. I further certify that all regulations associated with the use of signage have been reviewed and will be complied with.

_____ _____

Signature of Applicant/Mobile Food Vendor Date

FOR OFFICE USE ONLY

Date Application Received: _____ Received By: _____

Case Number Assigned: _____

Total Fees Collected: _____ Paid By: _____