| \$175 Fee □ | | | | |
|---|-------------------------------|---------------------------------|--------------------|--|
| If Special Event, \$100 □ | ☐ Snow Cone S ☐ Food Stand | Stand Town of Su 127 N. Coll | | |
| Date Issued: | □ Other | (972) 203-4 | 1188 | |
| Permit #: | a omer | | SUNNYVALE TEXAS | |
| TEMPORARY MOBILE FOOD STAND PERMIT | | | | |
| TEMFORART MODILE FOOD STAND FERMIT | | | | |
| A separate permit is required for each stand, booth, trailer, etc. Max ninety (90) day approval period. May be extended | | | | |
| by Building Official for one (1) additional 90 day period per year. A copy of the permit is required on site. | | | | |
| Business / Vendor Name: | | | | |
| Responsible Person: | Phone #: | | | |
| Begining Date: | Ending Date: | Time o | of Operation: | |
| Menu: List all items to be sold. Any changes must be submitted and approved by the Health Department prior | | | | |
| to sale. Food to be serv | ed | Source - Fo | od purchased from | |
| 1 | | | • | |
| 2 | | | | |
| 3 3 | | | | |
| 4 4 | | | | |
| 5. | | | | |
| 6 | | 6 | | |
| Note: No home preparation or storage of foods allowed. Any food items served without approval may result in the temporary mobile vendor permit being suspended or revoked for non-compliance. <u>Fire extinguishers are required for any cooking</u> . All fire suppression equipment must have current inspection. | | | | |
| Food prepared on site: | | | | |
| Describe hot holding equipment: | | | | |
| Describe cold holding equipment: | | | | |
| Floor surface for unit: Asphalt Concrete Plywood Other: | | | | |
| Guidelines provided and followed: | | | | |
| | | | | |
| Signature of Applicant: | | Date: | | |
| Printed Name: Email: | | | l: | |
| | | | | |
| | Approved By | Date | Comments | |
| Development Services | търготов Бу | Date | Comments | |
| Dallas County Health | | | | |
| Fire Department | | | | |



GUIDELINES FOR TEMPORARY MOBILE STAND PERMIT

- Allowed in non residential zoning districts EXCEPT when associated with a special event.
- No more than one (1) mobile vendor allowed on a lot or parcel EXCEPT when associated with a special event. A mobile vendor is not allowed on a vacant lot.
- Vendor must request a specific time period and note proposed food to be sold.
- A health permit is required. Must meet all requirements and pass Dallas County Health Service inspection.
- Permit application must include a site plan, showing the fire lane and proposed location of vendor unit.
- Kiosks, trailers, and mobile vendor trucks must meet all applicable building code requirements, health code requirements, and zoning ordinance requirements.
- Mobile Vendors may be located in a parking lot of a separate business or group of businesses but must provide a letter of permission from the property owner allowing use of the restroom facilities by the employees and patrons of the mobile vendor.
- Vendor, including all related appurtenances thereto, must be located outside of any required parking spaces for the businesses occupying permanent structures on and about the property on which the mobile unit is situated and outside of any and all fire lanes.



Bathroom Facility Approval

| I hereby certify that I am the owner/lessee of | (address of above) |
|--|---|
| | (name of mobile vendor) to locate |
| a mobile vending unit at the above address to | conduct business as a mobile vendor. The parking lot where |
| mobile vendor will place the vendor's mobile | e vending unit is a part of a: |
| Strip shopping center: | |
| Freestanding business: | , or |
| Other (please describe) | · |
| • • • | d mobile vendor permission to locate at this address, the Town Vendor Certificate of Occupancy, provided the mobile vendor |
| I certify that I have access parking spaces for not occupy required parking spaces. | r occupancy by the mobile vending unit or the mobile vendor will |
| I also hereby authorize access by the Town to anticipation of a Vendor Certificate of Occup | o the property for the purpose of performing a site inspection in pancy being issued. |
| Vendor Signature | Business Owner Signature |
| Printed Name | Printed Name |
| Date | |
| | |
| | Notary Signature and Seal |

** Please complete this form in its entirety prior to signing and notarizing or document will not be accepted **