



MOBILE FOOD VENDING APPLICATION

NEW

RENEWAL

Month Permit Date

Day Permit Date

Permit Number

Applicant Name: _____ Applicant Email: _____

Business Name (as filed with State of Michigan): _____

Business Address: _____

Business Telephone: _____ Date/s & Hours of Operation: _____

License Plate Number: _____ Planned Place of Operation: _____

Has applicant ever had a Michigan vendor license revoked, suspended or denied? Yes No

Has driver's license of any agent been revoked or suspended with the past year: Yes No

If yes, state charges, when, where: _____

Has Applicant ever been convicted of a FELONY? Yes No

If yes, state nature or revocation or suspension _____

Number of Employees: _____ See page 2 for List of Names with Dates of Birth

a) Description of type and size of the mobile food vehicle/trailer/stand/signage:

b) A description of the preparation methods and food product offered for sale including the intended menu.

Explain how gray water and trash will be disposed of (if applicable) _____

ALL OWNERS AND OFFICERS OF THE BUSINESS MUST FILL OUT COMPLETELY:

Name: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Position w/business: _____

Phone: () _____ Driver's License #: _____

Applicant's Signature: _____ Date: ____/____/____

ALL OWNERS AND OFFICERS OF THE BUSINESS MUST FILL OUT COMPLETELY:

Name: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Position w/business: _____

Phone: () _____ Driver's License #: _____

Applicant's Signature: _____ Date: ____/____/____

INDIVIDUALS ALLOWED TO WORK THE MOBILE FOOD UNIT - MUST FILL OUT COMPLETELY:

Name: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Position w/business: _____

Phone: () _____ Driver's License #: _____

Applicant's Signature: _____ Date: ____/____/____

Name: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Position w/business: _____

Phone: () _____ Driver's License #: _____

Applicant's Signature: _____ Date: ____/____/____

Name: _____

Home Address: _____ City: _____ State: _____

Zip Code: _____ Date of Birth: _____ Position w/business: _____

Phone: () _____ Driver's License #: _____

Applicant's Signature: _____ Date: ____/____/____

Type of Event (PLEASE CHECK ONE):

Private Party on Private Property - 1 DAY PERMIT No Charge (CANNOT SERVE TO GENERAL PUBLIC) Private Party on City Property - 1 DAY PERMIT No charge (CANNOT SERVE TO GENERAL PUBLIC) Operate on Business Property for Employees ONLY – 1 DAY PERMIT No Charge (CANNOT SERVE TO GENERAL PUBLIC) Operate on Business Property - 1 MONTH PERMIT \$50.00 (SERVE GENERAL PUBLIC) Operate on Approved City Property - 1 MONTH PERMIT \$50.00 (SERVE GENERAL PUBLIC) Operate at City Special Event - Fee is subject to Special Event Application Fee - Recreation Department Operate School Property Special Event - Fee is subject to School Event Application

A vendor shall not operate on private property without first obtaining written consent to operate from the affected private property owner

Written consent from owner of Private Property Event Not Applicable – Operating on Public Property Only Riverview Restaurant Owner on business premises Sec. 14-706. (d) Exempt

Proof of insurance in the amount of \$1,000,000 naming the city as additional insured is required.

I have attached a copy of the insurance

I have attached a copy of my Health Department license.

I have attached a copy of my driver's license

I certify that I have reviewed the entire Mobile Food Vending Ordinance and will abide by the rules as stated in the ordinance.

As the Applicant, I do certify this document to be TRUE and FACTUAL. I will comply with all state and local legislation, under penalty of law. I understand that applying for this permit does not give me the right to operate prior to issuance of a permit and that to do so is a violation of the Riverview City Code and may result in my prosecution. I understand it is my responsibility to obtain all applicable state and local approvals necessary to operate in the City of Riverview. I understand that this permit is only valid through the current calendar month and that it is my responsibility to renew before it expires.

I agree to defend, indemnify and hold harmless the City of Riverview, its officials, officers, employees, and agents against any liability, claims, causes of action, judgements, or expenses, including reasonable attorney fees, resulting directly or indirectly from any act or omission of the permit, its employees, its subcontractors and anyone for whose acts or omissions they may be liable, arising out of the permit owner's use or occupancy of the public street, highway or public parking space. I acknowledge and understand the City Clerk may deny or revoke this license if I fail to meet any requirement of the ordinance or violate any other federal, state or local law, make a false statement on this application, or takes part in any activity adverse to the protection of the public health, safety and welfare.

Signature: _____ Date: _____

TO BE COMPLETED BY CITY STAFF

Date of Application: _____ Staff Initials: _____ Receipt #: _____

Fee Received: _____

Approvals

City Manager: _____

City Clerk: _____

Police Chief: _____

Com. Dev. Director: _____

Date: _____

Application is: APPROVED DENIED

Explanation: _____

APPLICATION CHECKLIST:

- ____ Application Completed ALL BOXES CHECKED
- ____ Business is registered in the State of Michigan
- ____ Public Property ONLY
- ____ Private Property
- ____ School Property
- ____ Mobile Unit is owned by Riverview Restaurant
- ____ Written Permission from Property Owner
- ____ Copy of Driver's License/s
- ____ Copy of \$1M Liability Insurance with city added
- ____ Indemnity Signed and Dated
- ____ Copy Wayne County Health Certificate
- ____ Copy of Vehicle Registration
- ____ Copy of Proof of Insurance
- ____ Payment Received
- ____ Background Authority for Release Form

AUTHORITY FOR RELEASE OF INFORMATION

I/We _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself (ourselves), by and to ANY duly authorized agent of the Riverview Police Department and/or Code Enforcement Departments, whether the said records are of public, private or confidential nature. I/We agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees and the City of Riverview from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. I/We further understand that in the event my application is disapproved, the sources of confidential information cannot be revealed to me. A photocopy/ facsimile of this release form will be valid as an original hereof, even though the said photocopy/ facsimile does not contain an original writing of my signature.

MUST BE SIGNED IN PRESENCE OF A NOTARY:
(AVAILABLE AT RIVERVIEW CITY HALL)

_____ Owner Signature (1)

_____ Owner Signature (2)

_____ Owner Signature (3)

Subscribed and sworn before me this _____ day of _____, 20____

My commission expires: _____, 20_____

Notary: _____
Signature

Print Name: _____
Notary Public