

WINTER HAVEN

The Chain of Lakes City

**City of Winter Haven
Community & Economic Development Department
Application for Mobile Food Dispensing Vehicles (MFDV)**

Please print or type the requested data below.

A. GENERAL INFORMATION:

Name of Applicant: _____

Mailing Address: _____

Phone (Work): _____ Phone (Home): _____

Description of the type of food or beverage to be sold: _____

Location and description of where MFDV will be stored (if within City limits): _____

B. LOCATIONS (provide address and parcel identification number for each location), up to a maximum of five (5):

1. Property Address: _____

Parcel Identification Number (required): _____

2. Property Address: _____

Parcel Identification Number (required): _____

3. Property Address: _____

Parcel Identification Number (required): _____

4. Property Address: _____

Parcel Identification Number (required): _____

5. Property Address: _____

Parcel Identification Number (required): _____

C. SCHEDULE OF ACTIVITY:

Provide the schedule of operation for each site listed above, as well as the type of business and operation hours of the primary business:

1. Proposed schedule of operation: _____

Primary business and hours of operation: _____

2. Proposed schedule of operation: _____

Primary business and hours of operation: _____

3. Proposed schedule of operation: _____

Primary business and hours of operation: _____

4. Proposed schedule of operation: _____

Primary business and hours of operation: _____

5. Proposed schedule of operation: _____

Primary business and hours of operation: _____

D. COMMISSARY:

Provide the location of the commissary:

Address	City	State	Zip
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E. ADDITIONAL INFORMATION REQUIRED

In addition to the above information, please provide the following:

1. A copy of a license(s) issued by the Florida Department of Business and Professional Regulation for the operation of a MFDV.
2. Proof of business insurance, issued by an insurance company licensed to do business in Florida, protecting the applicant from all claims for damages to property and bodily injury, including death, which may arise from operations under or in connection with Mobile Food Vending. Such insurance shall name the City as an additional insured and shall be in at least the amount of \$300,000.00 each occurrence for injury and \$100,000.00 per person.
3. A site plan. The required site plan shall be a survey drawing from a Florida licensed surveyor on not less than 11” by 17” paper that “as-built” depicts to scale the principal use of the physical site and its compliance with the development regulations contained in Chapter 21 of this code, and other applicable ordinances, to include, but not be limited to, access points, driveway cutouts, landscaping buffers, setbacks and parking spaces. The site plan shall also depict the size and placement of the Mobile Food Dispensing Vehicle on the physical site and proposed parking areas for the Mobile Food Vendor’s patrons. For a parcel of land solely to be used for storage or exterior cleaning of Mobile Food Dispensing Vehicles, and not general Mobile Food Vending activity, the plan may omit proposed parking areas for the Mobile Food Vendor’s patrons.
4. An Authorization Form. Authorization from the legal owner(s) of the proposed site shall be made on a form provided by the City. In the event that the legal owner of the proposed site is a corporation, the authorization form shall be signed by an officer of the corporation or its designated agent. The authorization form shall, in addition to acknowledging that the Mobile

Food Vendor has permission to conduct Mobile Food Vending activities on the proposed site from its legal owner(s), grant permission to the Mobile Food Vendor's patrons to use the restroom facilities of the existing principal use from the site's legal owner(s) and tenant(s) in possession.

5. Provide a written description of the MFDV, as well as four (4) or more photographs (showing different exterior views).
6. Motor Vehicle license tag number.
7. Registration number.
8. Copy of current health certificate for vehicle.
9. Copy of all current license required for operation by Florida state and county agencies.
10. Copy of the most recent inspections performed by Florida state and county agencies as applicable.

F. FEES REQUIRED

The following fees shall apply:

1. A site registration: \$40
2. A Mobile Food Dispensing Vehicle registration (per vehicle): \$5

G. ADDITIONAL REQUIREMENTS:

In addition to the requirements in this application, a Business Tax Receipt shall also be required. Please contact the Building Division at 863-291-5695 for more information. All of the requirements of Section 21-71 shall also apply. If you have any questions, please contact the Planning Division at 863-291-5600.

H. APPLICANT SIGNATURE

Certification: I certify that all the information contained herein is true and correct to the fact may be just cause for immediate revocation of any license issued. It is further understood that I must comply with the code of the City of Winter Haven and failure to correct conditions, which are in violation, is punishable under the code or sufficient cause for revocation of the license.

Applicant Signature

Print Name

Date

STATE OF FLORIDA:
COUNTY OF POLK:

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known to me or has produced _____ as identification and who (did) (did not) take an oath.

SIGNATURE OF NOTARY PUBLIC

TYPED OR PRINTED NAME OF NOTARY PUBLIC

NOTARY PUBLIC SERIAL #, (IF ANY)

STAMP & DATE MY COMMISSION EXPIRES: _____

I. FOR CITY USE ONLY:

Date Received: _____ Received By: _____

Site Registration Fee Received: _____

MFDV Registration Fee: _____

Sticker(s) Issued: 1. _____

2. _____

3. _____

4. _____

5