

WINTER HAVEN

The Chain of Lakes City

City of Winter Haven
Application for Mobile Food Vending
Planning Division

451 Third Street, NW, Winter Haven, FL 33881
Telephone: 863-291-5600 www.mywinterhaven.com

FOR CITY USE ONLY:

Date Received: _____ Received By: _____ Fee Received: _____

A. GENERAL INFORMATION

Name of Applicant: _____

Business Address: _____

Home Address: _____

Mailing Address: _____

Phone: _____ Email: _____

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

B. LOCATIONS (attach additional locations as needed and all required supporting documentation):

Provide the following information for each site:

- a. Property address and parcel identification number;
- b. An authorization form from the legal owner(s). 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 the Mobile Food Vendor has permission to conduct Mobile Food Vending activities on the proposed site from its legal owner(s), also include the legal owner's name, mailing address, and phone number; and
- c. A sketch plan to include, but not be limited to, the principal use, placement of the mobile food vendor, access points, driveway cutouts, and parking spaces.

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. ADDITIONAL INFORMATION REQUIRED

In addition to the above information, provide the following:

- 1. A copy of a license(s) issued by the appropriate state agencies for operation as a mobile food vendor.
- 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.
 - a. If operating on city-owned property or within the public right-of-way as approved by the City’s Special Event Review Committee, 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 \$200,000.00 per person. Proof of this additional insurance shall be submitted to the Parks Recreation & Culture Department as part of a Special Event application.

D. FEES REQUIRED

The following fees shall apply:

- 1. Permit, initial issuance/renewal: \$40.00
- 2. Site registration, per site: \$10.00

E. 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 21-98 shall also apply. If you have any questions, please contact the Planning Division at 863-291-5600.

F. 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

STAMP & DATE MY COMMISSION EXPIRES: _____