



City of Ocean Springs

1018 Porter Ave, Ocean Springs, MS 39564 PH: (228)-875-4236 FAX: (228)-875-7249

— MOBILE FOOD VENDOR APPLICATION —

Application Date: _____

Business Information:

Name of Business: _____

Business Owner – Name: _____

Applicant Name (if different) and Relation to Business: _____

Business Address: _____

Mailing Address (if different): _____

****** If business is incorporated – attach related articles of incorporation or similar information ******

Phone Number: _____ Email: _____

Number of Vehicles to be Permitted: _____

⇒ **All vehicles must be listed separately on this application – See Below** ⇐

⇒ MS State Tax ID Number: _____

PERMITS MUST BE RENEWED ANNUALLY AND ARE ONLY TRANSFERRABLE UPON APPROVAL BY THE BOARD OF ALDERMEN.

Required Attachments:

- Copy of Food Service Permit from the MS Department of Health
- Proof of a MS State Tax ID number
- List of proposed locations for operation
- List of products to be sold
- Proof of valid business insurance policy and valid vehicular insurance if applicable
- Fee of \$250 must be paid at the time application is submitted [includes occupancy inspection fee].
- Affirmation of Code Compliance – Ord.2019-10 – Below.



Copy of Ordinance 2019-10 Received: _____(initials)



Additional Requirements:

Physical Inspection of Vehicle: As part of the review process, an inspection will be scheduled to determine that all physical requirements of each vehicle are met per the ordinance.

CONSENT FORMS – Location Requirements: All locations of operation shall be approved prior to operations beginning. Review of each location will include but is not limited to: proper zoning district, adequate parking, ADA parking and accessibility, proposed occupancy, number of vehicles allowed, location of garbage storage, posting of rules, etc. as required by **Ordinance 2019-10**.

CONSENT FORM NOTES:

- A separate form must be submitted for EACH location to be utilized.
- A MINIMUM of 7 business days must be allowed for approval of each Consent Form
- The form must be completed in its entirety including a site plan showing the location of the Mobile Food Vendor vehicle within the private property, as well as any tables and similar accessories.
- The form must be signed by the property OWNER
- The private property must be commercially zoned and have adequate parking to accommodate the additional activity

Vehicle Information:

List the type of vehicle to be used for this operation. If a non-motorized vehicle is being used, please indicate how it will be transported.

Make/Model (Type)	VIN#	License #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
_____	_____	_____

Food Description:

List or describe the type of food items to be served: _____

List Proposed Locations of Operation:

List the locations initially proposed for operation. Each location will have to have a Consent Form attached. Subsequent locations will require an approved Consent Form prior to operation.

Affirmation of Codes/Regulations:

I, _____ (*print name*), hereby certify that I am the owner of the Mobile Food Vendor business and/or have the legal ability to make this application on before of the owner, and that I have read and understand the requirements as outlined in the application.

Signature

Date