



Department of Community Development
777 Lynn Street
Herndon, Virginia 20170-4602

APPLICATION FOR A MOBILE FOOD FULL SERVICE VENDOR PERMIT

Submittal of this form with original signatures is required. PLEASE PRINT OR TYPE (Unless otherwise indicated.)

Mobile Food Vendor Business Name: _____

Property Address (Proposed Location of Service): _____

Name and Title of Business Owner: _____

Business Mailing Address: _____

Email Address: _____ Phone #: _____ Fax #: _____

The undersigned hereby applies for a Mobile Food Full Service Vendor Permit under the provisions of § 78-402.7 of the Herndon Town Code.

I hereby affirm and certify that:

- The information provided on this form is true and correct to the best of my knowledge.
The requirements associated with this application have been read and are understood.
The use and occupancy of buildings and/or the use of land noted above is in conformance with all provisions of the Town of Herndon, Virginia Zoning Ordinance regulations to the best of my knowledge.

Business Owner Signature: _____ Date: _____

TO BE SUBMITTED WITH THIS APPLICATION

_____ A copy of the mobile food unit and purveyor's current full service mobile food unit Fairfax County Health Department permit.

_____ A letter signed and notarized by the owner of record or the owner's agent*, of the property on which the, mobile food unit preparer, full service apparatus proposes to operate, stating:

- 1. The proposed time and duration of the operation including days of the week and hours within the day.
2. The number of parking spaces on site and the percentage of parking spaces being used and occupied by the mobile food unit(s) present on site at any one time.
3. The location of the parking spaces to be used on the site.
4. If a loading space(s) is to be used, the letter shall state that no deliveries shall be made to the businesses served by that loading space during the period of time when the mobile food unit is present and a statement that no delivery will be accepted if it arrives while the mobile food unit is present.

*If the letter required is signed by the owner's agent, applicant must produce written evidence of the agent's authority.

_____ A site plan, site location detail, and/or aerial photograph showing the location and size of the mobile unit and any accompanying features such as signage, seating, or trash and recycling receptacles. This plan should demonstrate that vehicular access and egress to the site and pedestrian access are not adversely impacted and show exactly which parking spaces will be impacted.

_____ A receipt or other documentation indicating that taxes have been paid on lands subject to the application (may be obtained when application is filed).

_____ A \$100 application fee (can be paid with cash, check, or credit card).

AUTHORIZATION* BY ZONING ADMINISTRATOR

Zoning Administrator Signature: _____ **Date:** _____

Comments:

This Permit, Permit # _____ is valid for one year, starting on _____ and ending _____.

*** APPROVAL SUBJECT TO A FINAL INSPECTION BY THE FAIRFAX COUNTY HEALTH DEPARTMENT AND ISSUANCE OF A TOWN OF HERNDON BUSINESS LICENSE**

For Office Use Only:

Application Received by:	Date:
Tax Map Reference #:	Zoning District:
Business and Occupational License #:	
Business Status: <input type="checkbox"/> New Business <input type="checkbox"/> Renamed Business <input type="checkbox"/> Relocation	Status of Taxes: <input type="checkbox"/> Paid <input type="checkbox"/> Delinquent <input type="checkbox"/> Other

**Distribution
after
approval:**

Applicant

Community
Development

Fairfax
County
Health
Department

Finance
