



PRIVATE PROPERTY/OFF-STREET
**MOBILE FOOD VENDOR
 PERMIT APPLICATION
 SPECIAL EVENT**
 CITY OF GROSSE POINTE WOODS, MI

City Clerk's Office
 20025 Mack Plaza Dr.
 Grosse Pointe Woods, MI 48236
 313.343.2440 Phone
 313.343.5667 Fax
cityclerk@gpwmi.us

Print neatly using black ink

Special Event Definition: store opening, fair, church function, community sports event, block party, sidewalk sale, other event as determined by the City Administrator or by resolution of City Council.

Permits are NOT required for: any school-sponsored event operating on school property; any City sponsored event; a private party at a residence if the mobile food vending unit is wholly within the owner's private property; restaurants who operate mobile vending units on their own private property; any event that occurs entirely indoors, located inside a building.

Instructions to Applicant:

- It shall be unlawful for any person to operate a mobile food vending unit in the City without first obtaining a permit.
- Submit an application for a permit to operate a mobile food vending unit.
- Knowingly furnishing or filing false information in an attempt to obtain a permit is a violation of the City Code.
- Application should be made 5 business days prior to the scheduled event.
- All permits shall be prominently displayed on the unit.

Attach the following to the application:

1. Copies of all necessary licenses or permits issued by Wayne County and the State of Michigan.
2. Insurance: Proof of Commercial Liability Insurance policy with a minimum \$1,000,000 combined Single Limit coverage which names the City as an additional insured.
3. Proof of Commercial Auto Policy with bodily injury and property damage with a minimum of \$1,000,000 per accident.
4. Payment of the \$75.00 application fee (non-refundable).

1. PURPOSE OF APPLICATION (Select One) New Permit Renew a Current Permit Replace an Expired Permit

2. FOOD TYPE Cooked Food Prepackaged Other (specify) _____

3. VENDING LOCATION _____

4. DATES OF OPERATION _____ **RAIN DATE** _____

5. HOURS OF OPERATION (limited to 9 am - 9 pm unless for a private party) _____

6. VEHICLE INFORMATION (may not exceed 36' in length or 10' in width)

Unit Type (Select One) Self-Propelled Motor Vehicle (truck, van, etc) Trailer Pushcart Other (specify) _____

Year _____ Make _____ Model _____ Body Style _____ # Axles _____ # Cylinders _____

Vehicle Identification No. *Overall Vehicle* Dimensions: Width (feet) Height (feet) Length (feet)

7. BUSINESS INFORMATION

Type of ownership: Individual Corporation Partnership LLC, LLP, Other

Legal Name of Business	Operating Name / Trade Name / DBA		
Business Address	City	State	ZIP
Commissary Address	City	State	ZIP

8. APPLICANT INFORMATION

Name (Last, First, Middle Initial)	E-mail Address	Daytime Telephone	
Home Address	City	State	ZIP

9. BY SIGNING BELOW,

- I hereby certify that I have read this application and that all information contained herein is true. If any portion of this information, either intentionally or unintentionally, is false or is a misrepresentation of the material facts, the certificate or process granted will be void. I further certify that if I am not the owner, I have proper authorization from the owner to act as representative on his/her/their behalf and that I may be required to provide written documentation of such authorization to the City Grosse Pointe Woods.
- I attest that neither I, nor any of my food service workers, have been convicted of any crime that involves any local, state or federal law or regulation during the operation of a similar business.
- I agree to hold harmless the City and its officers and employees, and shall indemnify the City, its officers and employees for any claims for damage to property or injury to persons which may be occasioned by any activity carried on under the terms of this permit.
- Applicant for the mobile food service license requested by the aforementioned applicant hereby swears or affirms that he or she has read said application and that all the statements therein and the facts set forth therein are true and correct, and that the applicant is the only person interested in the business for which said license is requested.

Signature of Applicant

Printed Name of Applicant

Date Signed

10. SIGN & DATE

Do Not Write Below This Line - Official Use Only

ROUTE PERMIT TO:

Insurance certificate attached: ()
Insurance rate "A" or better: ()
Calendar check for conflict: ()

City Clerk: _____

FEES PAID:

Application Fee: _____
Daily Fee \$ _____ x # days _____
TOTAL PAID: _____

Director of Public Safety: _____

Approved: () Denied: () Date: _____

Building Official: _____

Approved: () Denied: () Date: _____

City Administrator: _____

Approved: () Denied: () Date: _____

Original: Clerk's Office
cc: Applicant
Public Safety