



Mobile Food Vendor License Application

Last Revised 5-19-25

For Office Use Only

Date Received: _____

Received By: _____

Date All Documentation Received: _____

Fee Paid: _____

APPLICANT INFORMATION

Applicant Name(s): _____

Applicant Address: _____, City: _____, State: _____, Zip: _____

Phone Number: _____ - _____ Email (optional): _____

Social Security Number or EIN of Applicant/Business (SSN) __ - __ - __ -or-

(EIN) __ - _____

Business Name (If Different From Applicant Name): _____

Business Address: _____, City: _____, State: _____, Zip: _____

Brief Description of What Will Be Sold:

VEHICLE INFORMATION

License or Registration Number of Vehicle(s) Used to Sell: _____

Brief Description of Vehicle(s): _____

SITE INFORMATION

Proposed Sales Location(s) [You may attach a separate map with this application]:

(Please note that if the proposed site is in an RA or R-1 Zone, a Conditional Use Permit Must Sought and Approved by the City Council prior to beginning operations)

Site Address: _____, City: _____, State: _____, Zip: _____

REQUIRED DOCUMENTATION

- Copy of Proof Of Certification from the South Central Public Health District

TERMS AND CONDITONS

In submitting this application for a Mobile Food Vendor License within the City of Albion, I, the undersigned, hereby acknowledge, understand, and agree to comply with the following terms and conditions as set forth in the Albion City Code, Sections 3-5-15 through 3-5-25:

Application and Licensing

1. I affirm that the information provided in this application is true and complete, including:
 - My full name, residence, and contact details;
 - The business name and principal business address;
 - A description of the food to be sold;
 - My Social Security Number or Taxpayer Identification Number;
 - Vehicle descriptions and registration/license numbers for all sales units;
 - Site map or addresses for all proposed vending locations.
2. I understand that if I propose to operate in RA or R-1 zones, I must first obtain a Conditional Use Permit from the City before a license can be issued.
3. I agree to submit a non-refundable application fee as established by the City Council.
4. I will obtain and submit proof of certification from the South Central Public Health District.
5. I understand that my license, once issued, is valid for one (1) year and must be renewed annually.
6. I acknowledge that the license is non-transferable and must be prominently displayed on the vending unit.

Operational Requirements

7. I agree to operate only between 7:00 a.m. and 9:00 p.m., seven (7) days a week.
8. I will not sell from vehicles on public sidewalks, and I will only stop at curbside when on public roads.
9. I will not sell to persons standing in public streets and will not obstruct pedestrian or vehicular traffic in any public space.
10. My vending unit will remain mobile and capable of being moved at all times.
11. I will properly dispose of wastewater only at approved dump sites equipped with grease traps.
12. If connected to the City water system, my unit will be equipped with a City-approved backflow prevention device.
13. I understand that my employees and agents are also bound by these rules, and I am responsible for their compliance.
14. I acknowledge that I may not operate within City parks without specific written approval by the City Council.
15. I will ensure all vehicles used for sales are registered and equipped in accordance with State law.
16. I agree to comply with all State and City traffic, parking, and standing regulations.

Cleanliness and Public Responsibility

17. I will provide trash containers for public use and ensure all litter, trash, and waste is removed from within a 100-foot radius of my vending site before moving my unit.

License Revocation

18. I understand that failure to comply with any of these conditions may result in the **revocation** of my license by the City Council.

SIGNATURE OF APPLICANT(S)

Printed Name: _____

Signature: _____

Printed Name: _____

Signature: _____

Date: _____

CITY OF ALBION APPROVAL/DENIAL

Printed Name: _____

Signature: _____

Title: _____

APPROVED _____ DENIED _____

NOTICE

*The signed, approved copy of this application will constitute your Mobile Food Vendor License for the City of Albion.
Always keep a copy on display or readily available at your establishment.*