

Mobile and Temporary Food Vendor Application City of Powers Lake

This application is used to permit the operation of a mobile or temporary food vendor facility in commercial zoning districts within the City of Powers Lake. Fee is waived for vendors operating 5 or less days.

Office Use Only

Date: _____ Accepted by: _____
Fee: \$ _____ Cash/Check #: _____
Supporting docs rec'd date: _____
6 months - \$100 fee

1. Owner(s)/Operator(s) of Vendor Facility

Name: _____

Mailing Address: _____

City/State/Zip: _____ Phone: _____

2. Facility Location

Street Address: _____ Sec. No. _____ Township _____ Range _____

Lot No(s). _____ Block No. _____ Tract No. _____

Zoning District: _____ Located on Public or Private Land? _____

3. Facility Layout: Size (Sq. Ft.): _____ Height Including Signage: _____

4. Anticipated Operating Dates: From: _____ To: _____

5. Please attach a sketch plan of the site that includes facility location in relation to all public rights-of-way and vehicle access points.

6. Description of Signage

Freestanding: _____ On Facility: _____ Other (Describe): _____

7. Criteria for Approval

The applicant must comply by all State of North Dakota Food Code requirements, and all Health Department permits must be secured and copies submitted to the City of Powers Lake prior to approval of this application. The following items must be included in the application:

Make, model, and license plate number of vending unit

Make _____ Model _____ Plate _____ State _____

Facility owner's and operator's contact information

Name:

Address:

Phone:

Type of vendor (street vending unit or sidewalk vending unit)

Copy of approved permits from the North Dakota Department of Health

Copy of approved North Dakota Sales and Use Tax Permit

Operating locations and times

Copy of SIGNED Agreement from property owners indicating consent for the use of their property

Signature of applicant indicating agreement to the listed requirements

APPROVAL

I hereby agree to follow all above rules and regulations. I declare under the penalties of ND Century Code 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this application has been examined by me and to the best of my knowledge and belief the information provided is true, correct, and complete.

Applicant Signature: _____

Witness by Auditor: _____ Application Date: _____

Date Approved: _____ Date Denied: _____