

Please submit via e-mail, by mail or in person to:  
[planning@greencovessprings.com](mailto:planning@greencovessprings.com)  
Development Services Department  
321 Walnut St, Green Cove Springs, FL 32043

## City of Green Cove Springs Mobile Food Vending Application



**Instructions:** Incomplete applications will not be accepted. Submit a **minimum** of 14 days prior to desired start date.

### BASIC INFORMATION

Applying For:  Mobile Food Vendor Type I (individual vendor)  Mobile Food Vendor Type II (property owner)  
 Mobile Food Vendor Special Event (property owner, multiple vendors)

#### Applicant Information

Name	
Mailing Address	
Phone Number	
Email	

#### Business Information (MFV Type I only)

Name	
Mailing Address	
FEIN#	
DBPR License #	
Vehicle Description	
Menu Description	

#### Location Information

Address	
Property Owner	
Proposed Hours of Operation	
Proposed Days of Operation	

### DOCUMENTS REQUIRED WITH SUBMITTAL

	Copy of Government-Issued Photo ID
	Copy of Mobile Food Vending License issued by DBPR (MFV Type I only)
	Copy of Corporation Certificate, Fictitious Name Certification or other proof of business registration with the state as applicable
	Letter of Authorization from Property Owner, Lease, or Proof of Property Ownership
	Proof of Insurance (See Page 2)
	Site Sketch identifying: <input type="checkbox"/> Location of Mobile Food Unit on Site <input type="checkbox"/> Distances from existing buildings, food service businesses, other mobile food vendors, utility box(es) and fire hydrant(s) as applicable <input type="checkbox"/> Ingress and Egress to and from the mobile food unit <input type="checkbox"/> Areas for parking <input type="checkbox"/> Sanitation Facilities <input type="checkbox"/> Signage <input type="checkbox"/> Seating <input type="checkbox"/> Power Source (if exterior to the vehicle) <input type="checkbox"/> If the Mobile Food Unit is on public or City-leased property

### INSURANCE REQUIREMENTS

Proof of insurance will be required for all mobile food vendors. For operation on public property or city-leased property, the applicant **must** provide insurance naming the business owner as the insured and naming the city as an additional insured with regard to coverage for claims. For personal claims for personal injury, death, and property damage in the amount of \$500,000 per person, and \$1,000,000 per accident for personal injury/death, and \$300,000 for property damage.

### REVIEW INFORMATION & FEES

Applications are reviewed by the Fire Marshall and Development Services Department, as well as other city departments (Public Works, Electric, and Police) as needed.

Mobile Food Vending Permits expire on September 30 each year. Permits purchased October 1 through March 31 will be \$100. Permits purchased April 1 through September 30 will be prorated to \$50. These permits are annually renewable. Renewals made prior to expiration of their permit should provide updated basic information and a \$100 payment. Renewals after expiration will be required to submit a new application.

### INDEMNIFICATION AGREEMENT

The Applicant releases and forfeits any right of action against the City or its members, officials, employees and agents from any liabilities, claims for damages, losses, and costs which arise out of or in connection with their vending operations (including all costs for investigation and defenses thereof, such as court costs, reasonable expert witness and attorney fees) and to the fullest extent permitted by law, indemnifies, defends and saves the City and City's members, officials, officers, employees and agents harmless against all liability, claims for damages, and suits for or by reason of (1) any injury to any person, including death, (2) damage to any property for every cause in any way connected with their vending operations irrespective of negligence, actual or claimed, upon the part of the City, its agents and employees, except where caused by the willful and wanton acts of City officials, officers, employees and agents and (3) environmental damages, claims or citations due to Vendor's operations violating any environmental law, ordinance, rule or regulation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AFFIDAVIT OF APPLICANT

I certify that I am at least eighteen (18) years old and that I am empowered to execute this application on behalf of the business. I understand that this application does not guarantee approval of my vending location. I understand that the City of Green Cove Springs has a permit process that involves communication back and forth to clarify regulations and applicant needs in support of the business operation, and I agree to provide timely responses to this communication to facilitate the process.

I understand that the violation of any City ordinances and/or regulations may result in immediate termination at the City's discretion and ineligibility for future vending operations within the City. I certify the information contained herein is true to the best of my knowledge and understand that if any portion is false or misrepresented, it may be cause for immediate revocation of the permit.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF ONLY:** Approved  Approved with Conditions Denied

Reason / Condition: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_