

# Temporary Use Permit Requirements

(Food Trucks, Mobile Vendors, and Seasonal Sales)  
Longview Municipal Code Section 19.41

Mobile Vendors/Food Trucks are characterized by their short-term nature and the lack of permanent improvements made to the site. For the purposes of the Longview Municipal Code, temporary uses include mobile food vendors such as food trucks or trailers and seasonal sales such as tree sales, produce stands and similar seasonal goods. Fireworks stands are not regulated under this the Temporary Use Chapter of the LMC.

## **Mobile Food Vendor/Food Trucks**

Food trucks and other mobile food vendors have the following specific requirements:

- Allowed only in the NC, GC, CBD, O/C, D-C, RC, MU C/I, LI-A, LI-B and RF-1 zoning districts.
- Shall not be situated permanently. They must leave the site daily, or on a schedule and timeline approved as a condition of the Temporary Use Permit.
- Multiple locations (e.g. travelling food truck) requires a Temporary Use Permit for each site.
- Must have adequate parking available and cannot displace parking which is needed by the property owner to meet their minimum parking requirement under Chapter 19.78 LMC, Off-Street Parking and Loading, unless otherwise approved by the director.
- Subject to site plan review and must meet required setbacks pursuant to the Fire Code and underlying Zoning District.
- Require a Mobile Vendor License
- Labor and Industries certification of food truck/mobile vendor prior to beginning operation.
- Completion of Longview Fire Department inspection prior to beginning operation.

## **Review Process**

1. Submittal of application materials (see Food Truck/Mobile Vendor submittal Checklist) and payment of fees.
2. Staff will review application materials and make a decision. If submitted materials are insufficient or additional information is needed, City staff will contact the applicant.
3. Temporary Use Permit and Mobile Vendor License is issued. Be sure to review the conditions attached to the permit. Even though the permit is issued, inspections are required prior to beginning operation.
4. Contact Cowlitz County Health and Human Services to apply for a Food Establishment Operating Permit.
5. Contact Washington State Labor and Industries and the Longview Fire Department to schedule a Mobile Food Vendor Inspection.

6. Food Truck may then be placed on site and begin operations once all permits, licenses, and approval have been obtained.

### **Mobile Vendor/ Food Truck Fees:**

Mobile Vendor License: \$25/month (*can apply for multiple months*)  
Temporary Use Permit: \$62  
Fire Inspection: \$62

## **Seasonal sales**

These types of uses occur only during the local growing season or during the time leading up to the celebration such as tree sales for celebrations in November and December, pumpkin sales for celebrations in October or November, flower sales for Mother's Day in May and produce stands during growing seasons between April 1st and November 1st.

Seasonal sales have the following specific requirements:

- Seasonal sales temporary uses are permitted in the NC, GC, CBD, O/C, D-C, RC and RF-1 zoning districts.
- The use shall not occur at any one site more than 90 days in any one calendar year, except produce stands, which may operate entire time between April 1<sup>st</sup> to November 1<sup>st</sup>.
- No more than one Seasonal Sale can occur be at a site at a time.
- Must have adequate parking available and cannot displace parking which is needed by the property owner to meet their minimum parking requirement under Chapter 19.78 LMC, Off-Street Parking and Loading, unless otherwise approved by the director.

### **Review Process**

1. Submittal of application materials (see Seasonal Sales Submittal Checklist) and payment of fees.
2. Staff will review application materials and make a decision. If submitted materials are insufficient or additional information is needed, City staff will contact the applicant.
3. Temporary Use Permit is issued. Be sure to review the conditions attached to the permit.

### **Seasonal Sales Fees:**

Temporary Use Permit: \$62



## Application Checklist for Mobile Vendor/Food Truck/Trailer/Pushcart

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Community and Economic Development Department 1525 BROADWAY ST | PO BOX 128 | Longview, WA 98632. 360-442-5086

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### Required Applications/Submittals:

- ☐ Temporary Use Permit Application
- ☐ Mobile Vendor License Application
- ☐ Multiple Locations Addendum (If using multiple applications)
- ☐ Description of business/hours of operation
  - To include type of food and hours on site
- ☐ Site Plan/Proposed Location of Food Truck
  - Distance to property line, distance to center line of road, distance to existing structures
  - Parking Plan

### Post application:

- Preplacement Reviews: (1 week)
  - City Planner
  - Building Inspector
  - Fire Marshal
  - Public Works
- Mobile Food Preparation Vehicle Inspection Checklist (applicant to schedule w/Longview Fire Dept.)

### Please note:

- State Business License required
- Fire Department Inspection required prior to operation
- Cowlitz County Health & Human Services Food Establishment Operating Permit required prior to operation
- Department of Labor and Industries approval required prior to operation (not required for push carts)
  - [Apply for a business license | Washington Department of Revenue](#)

### Fees:

- Mobile Vendor Application Fee (\$25.00/month)
- Fire inspection fee (\$62.00)
- Temporary Use Permit Application (\$62.00)

**\*PERMIT READY TO ISSUE ONCE ALL APPLICABLE REQUIREMENTS ARE MET\***



# Temporary Use Permit Application

## SEASONAL SALES or FOOD TRUCKS

Community Development Department ♦ 1525 Broadway, P.O. Box 128 ♦ Longview, WA 98632 ♦ 360.442.5086/Fax 360.442.5953

### SITE LOCATION INFORMATION

|              |                |           |
|--------------|----------------|-----------|
| Site Address | Zone District: | Parcel #: |
|--------------|----------------|-----------|

### TEMPORARY BUSINESS INFORMATION (Please print)

|                                               |                                                                      |
|-----------------------------------------------|----------------------------------------------------------------------|
| Business Name                                 | Doing Business As                                                    |
| Mailing Address                               | City/State/Zip                                                       |
| Daytime Phone                                 | Cell/Alternate Phone                                                 |
| License Plate # of Food Truck (if applicable) | Health Department Certification date of approval (for food service): |
| Applicant/Contact Person                      | Email Address                                                        |
| Mailing Address                               | City/State/Zip                                                       |
| Daytime Phone                                 | Cell/Alternate Phone                                                 |

|                                                                                                                                                                                                                              |                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|
| Type of Sales<br><input type="checkbox"/> Food Truck <input type="checkbox"/> Produce <input type="checkbox"/> Trees <input type="checkbox"/> Pumpkins <input type="checkbox"/> Flowers <input type="checkbox"/> Other _____ |                                                         |
| Detailed Use Description – Provide hours of operation, location, type of food being served, and parking info. You may use another sheet.                                                                                     |                                                         |
| Are any impacts to public streets, sidewalks, driveways, or rights-of-way anticipated?<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                                                           | Number of parking spaces reserved for the proposed use: |

NOTE: If you intend to operate at multiple locations, please note that a separate Temporary Use Permit application will be required for EACH location.

|                                                                                                                                                                                      |            |      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------|
| I hereby certify that I have read and examined this application and know the same to be true, accurate and complete under penalty of perjury by the laws of the State of Washington. |            |      |
| Signature                                                                                                                                                                            | Print Name | Date |

### PROPERTY OWNER INFORMATION (Please print and use pen)

|                                                                                                                                                                                                                                                                         |                |      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------|
| Property Owner                                                                                                                                                                                                                                                          | Daytime Phone  |      |
| Mailing Address                                                                                                                                                                                                                                                         | City/State/Zip |      |
| By my signature I am giving my permission for the applicant to place his/her business on my property per LMC chapter 19.41. I understand, as the property owner that I may be subject to enforcement action if the applicant is not in compliance with City Ordinances. |                |      |
| Signature of Property Owner                                                                                                                                                                                                                                             | Printed Name   | Date |



Application for

# Mobile Vendor License

Finance Department • PO Box 128 • Longview, WA 98632 • 360.442.5040

|                                                                                                                                                                                                                                                                                                                                                                                        |                         |                    |                  |                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------|------------------|-------------------|
| License Type                                                                                                                                                                                                                                                                                                                                                                           | Fee                     | Number of Vehicles | Number of months | Total License Fee |
| <b>MOBILE VENDOR</b>                                                                                                                                                                                                                                                                                                                                                                   | <b>\$25/mo. X</b>       | <b>X</b>           | <b>=</b>         | <b>\$</b>         |
| Name of Applicant                                                                                                                                                                                                                                                                                                                                                                      |                         |                    |                  | Home Phone        |
| Mailing Address                                                                                                                                                                                                                                                                                                                                                                        |                         | City               | State            | Zip               |
| Business Name                                                                                                                                                                                                                                                                                                                                                                          |                         |                    | Business Phone   |                   |
| Business Address                                                                                                                                                                                                                                                                                                                                                                       |                         | City               | State            | Zip               |
| License plate numbers of all vehicles used in business                                                                                                                                                                                                                                                                                                                                 |                         |                    |                  |                   |
| Description of general type of food sold                                                                                                                                                                                                                                                                                                                                               |                         |                    |                  |                   |
| Please list the areas where you intend to engage in business                                                                                                                                                                                                                                                                                                                           |                         |                    |                  |                   |
| <hr/>                                                                                                                                                                                                                                                                                                                                                                                  |                         |                    |                  |                   |
| Date                                                                                                                                                                                                                                                                                                                                                                                   | Title                   | Signature          |                  |                   |
| <p>License fees must be paid in advance for each month. This license is to be prominently displayed upon each vehicle from which business is conducted. This license entitles the licensee to conduct the business of a mobile vendor upon private property with the City of Longview for the specific purpose of conducting sales to persons employed upon such private property.</p> |                         |                    |                  |                   |
| <b>For Office Use Only</b>                                                                                                                                                                                                                                                                                                                                                             |                         |                    |                  |                   |
| Date Paid                                                                                                                                                                                                                                                                                                                                                                              | Amount Paid             | Paid Through       | Comments         |                   |
| Receipt No.                                                                                                                                                                                                                                                                                                                                                                            | License/Stickers Mailed |                    |                  |                   |



# Mobile Vendor Locations List For Temporary Use Permit

At a commercial supermarket or shopping center with a parking lot containing in excess of 100 parking stalls, up to six 48-hour periods per year without a mobile food vendor temporary use permit, as disclosed in the application for mobile vendor license under the provisions of LMC 5.14.050.

If you intend to be operating at multiple locations, provide information for each location:

|                                                                                                                                                                                                           |       |           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|
| Supermarket or Shopping Center Name                                                                                                                                                                       |       |           |
| Supermarket or Shopping Center Address or Location                                                                                                                                                        |       |           |
| 48 hour Start Dates<br>1.     /     /     2.     /     /     3.     /     /     4.     /     /     5.     /     /     6.     /     /                                                                      |       |           |
| Description of general type of food sold                                                                                                                                                                  |       |           |
| Please describe the areas where you intend to engage in business and how many parking spots will be devoted to the Mobile Vending                                                                         |       |           |
| -----                                                                                                                                                                                                     |       |           |
| Supermarket or Shopping Center representative Approval. By signing below, I have approved the use of this property on the dates listed above by the Mobile Vendor (food truck) listed on the application. |       |           |
| Date                                                                                                                                                                                                      | Title | Signature |

|                                                                                                                                                                                                           |       |           |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------|--|
| Supermarket or Shopping Center Name                                                                                                                                                                       |       |           |  |
| Supermarket or Shopping Center Address                                                                                                                                                                    |       |           |  |
| Dates when used:<br>1.                                                                                                                                                                                    |       |           |  |
| Description of general type of food sold                                                                                                                                                                  |       |           |  |
| Please describe the areas where you intend to engage in business and how many parking spots will be devoted to the Mobile Vending                                                                         |       |           |  |
| -----                                                                                                                                                                                                     |       |           |  |
| Supermarket or Shopping Center representative Approval. By signing below, I have approved the use of this property on the dates listed above by the Mobile Vendor (food truck) listed on the application. |       |           |  |
| Date                                                                                                                                                                                                      | Title | Signature |  |

**SITE PLAN WORKSHEET**

Owner/Applicant:\_\_\_\_\_ Daytime Phone Number:\_\_\_\_\_

Project Address:\_\_\_\_\_, Longview, WA

Legal Descr: Lot #\_\_\_\_\_ Block #\_\_\_\_\_ Plat\_\_\_\_\_ Parcel #\_\_\_\_\_

Project Description (eg.,Construct new house, addition to house, new garage, shed, fence, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

