Permit #: _____

Planning Department
134 N Main Street
Fuquay-Varina, NC 27526
Phone (919) 552-1429
www.fuquay-varina.org

APPLICATION FOR ITINERANT FOOD & BEVERAGE VENDOR PERMIT

REQUIREMENTS FOR ITINERANT FOOD & BEVERAGE VENDORS:

1. Shall utilize a non-motorized, non-permanent, push-type or pull-type cart.
2. Shall only operate in commercially zoned locations.
3. Shall not be allowed on Town property except for Town-sponsored events.
4. Shall have Health Department or Department of Agriculture approval.
5. Permit must be in possession of the vendor during hours of operation (9AM – 8PM).

THE PROCESS:

1. A completed application for a Food & Beverage Vendor shall be submitted to the Planning Department no less than two (2) weeks before the start of business. Incomplete applications or inaccurate information may delay or prevent processing and review. Completed applications can be submitted in person or by email to planning@fuquay-varina.org.
2. Planning Department Staff will complete a review of the application within seven (7) business days.
3. If the application is complete and in compliance with the **Town of Fuquay-Varina Code of Ordinances, Part 6, Chapter 1, Article D, Section 6-1049**, staff will contact the applicant with instructions for paying for and picking up the permit.
4. The permit fee of $25.00 is due at the time the permit is issued. **The Food & Beverage Vendor Permit is valid for one (1) full calendar year from the date of issuance.**

SUBMITTAL CHECKLIST:

Submit one (1) application for each Food & Beverage cart to include:

- ☐ Description of Food & Beverage Vendor business.
- ☐ Drawing to scale and/or property survey demonstrating proposed cart location(s).
- ☐ Copy of Health Department or Department of Agriculture approval, or most recent grade card.
- ☐ Written permission of property owner, if applicable.
- ☐ Additional required submittal details as required.

Permit must be obtained, and fee paid before operation of any business.

APPLICATION FOR ITINERANT FOOD & BEVERAGE VENDOR PERMIT

APPLICANT INFORMATION:

Business Name:_____

Business Owner:_____

Business Mailing Address:_____

City:_____ State:_____ Zip:_____

Phone:_____Email:_____

Business Website (If Applicable):_____

Brief Description of Proposed Food & Beverage Vendor: _____

_____

Proposed cart location(s): _____

Zoning of proposed cart location(s): _____

Is the business to be held on property owned by the vendor?

☐ Yes ☐ No (If no, submit written permission from the property owner on the next page).

Will the business use any signage? (All signs must comply with the Town's sign regulations).

☐ Yes ☐ No (If yes, provide a description and image of the signage).

Will the vendor be located in a parking lot? (Vendor shall not impede vehicular or foot traffic and shall not occupy designated parking spaces).

☐ Yes ☐ No

Square footage being occupied by business (Maximum of 100 sq. ft.): _____

Proposed distance from other vendors (Minimum of 500 feet required): _____
(This requirement does not apply to events sponsored and approved by the Town.)

☐ Health Department or Department of Agriculture approval provided with this application.

☐ Provide a drawing to scale and/or property survey demonstrating proposed cart location(s).

ACKNOWLEDGEMENT OF RECEIPT:

I, _____, am the owner/manager of the business named above for which this permit application has been filed.

I, _____, have read all applicable sections of the Town of Fuquay-Varina Code of Ordinances which govern the operation of Itinerant Food & Beverage Vendors within the Town of Fuquay-Varina. I agree to obey all location, operation, separation, requirements, and conditions established for Food & Beverage Vendors in the Town of Fuquay-Varina Code of Ordinances. Furthermore, by signing this application I acknowledge receipt of a copy of these standards.

_____ _____

Signature Date

APPLICATION FOR ITINERANT FOOD & BEVERAGE VENDOR PERMIT

Food & Beverage Vendor: _____

PROPERTY OWNER AUTHORIZATION:

The following information shall be provided and approved by the Town prior to operation for **EACH LOCATION** the Food & Beverage Vendor herein referenced proposes to locate. Town approval of this application shall not be construed to grant the Food & Beverage Vendor herein referenced permission to operate at any location other than the location listed below.

PROPERTY OWNER: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WAKE COUNTY PIN: _____

EMAIL ADDRESS: _____ PHONE: _____

I, _____, am the owner of the property where the Food & Beverage Vendor named above will operate.

PROPERTY OWNER'S SIGNATURE: _____ DATE: _____

APPLICATION FOR ITINERANT FOOD & BEVERAGE VENDOR PERMIT

TOWN USE ONLY

Permit Approved by _____ Date _____

Total Permit Fee for Food & Beverage Vendor ($25 per year): $_____