

Village of Saranac

27 North Bridge Saranac MI 48881
Phone: 616-642-6324 Fax: 616-642-0472

Food Truck Permit Application – Page 1

This application must be completed in full and approved by the Zoning Administrator of the Village of Saranac before any food truck or food trailer sets up at an approved site. The fee is \$_____

Fee paid _____ Date _____ Initials _____

Applicant Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (____) _____ (____) _____ (____) _____

Email _____

Property Owner Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (____) _____ (____) _____ (____) _____

Email _____

Food Truck Owner Information:

Name _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (____) _____ (____) _____ (____) _____

Email _____

Proposed Food Truck Vehicle Type:

Describe food truck or trailer type and what kind of food it is serving:

Vehicle VIN #: _____ Year: _____ Make and Model: _____

Dimensions of truck or trailer: _____

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Location, Date and Time:

Area proposed to park for the operation (address, parcel number if vacant lot, street or parking lot):

Proposed dates and hours: _____

Required Attachments:

- _____ Site Plan of location
- _____ Land Owner authorization statement
- _____ Insurance Policy (minimum coverage of \$1,000,000.00, see ordinance for details)
- _____ Plans for power access, water supply, waste disposal and wastewater disposal
- _____ Copies of license and permits issued by the Ionia County Health Dept or State of Michigan
- _____ A signed statement that the permit holder shall hold harmless the Village, its employees, officers and agents and shall indemnify the Village, its employees and officer and agents.
- _____ A copy of the applicant's State issued Michigan sales tax license.

Zoning District: (circle) LDR MDR-1 MDR-2 HDR MHP NS OSP CBD IND I/S C-PUD R-PUD

Please read the Food Truck Ordinance #112 (or as amended) for all requirements.

Affidavit

I certify and affirm that I am the property owner or the owner's authorized agent and that I agree to conform to applicable Zoning and Food Truck laws of the Village of Saranac and give authorization for this application. I also certify and affirm that this application is accurate and complete to the best of my knowledge. I hereby give permission for Village representatives to visit this proposed location.

Sign below as applicable:

Applicant Signature _____ Date _____

Land Owner Signature _____ Date _____

Tenant Signature _____ Date _____

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Site Plan

Use the space below to draw a site plan showing the proposed location of the food truck.

* * * * *

Zoning Administrator Use

Received Date _____

Application Approved _____

Notes/Conditions _____

Application Denied _____

Reason for Denial _____

Zoning Administrator Signature _____

Date _____