



**CITY OF JACKSON, MISSISSIPPI**

**APPLICATION FOR MOBILE FOOD VENDING PERMIT - THIS APPLICATION MUST BE NOTARIZED**

**ORDINANCE NO. \_\_\_\_\_**

**PERMIT FEE: \$500 PER MOBILE VENDING UNIT**  
**Each Site will need to be approved**

**APPLICANT INFORMATION (PLEASE PRINT)**

Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Business Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Business Fax #: \_\_\_\_\_

State Tax ID #: \_\_\_\_\_ City of Jackson Privilege License#: \_\_\_\_\_

MS Dept. of Health Food Vending Permit #: \_\_\_\_\_

Location Applied for (Street Address or Description of Location): \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Vending Type: ( ) Mobile Push Cart ( ) Mobile Food Preparation Vehicle

Brief Description of foods and beverages to be sold: \_\_\_\_\_

\_\_\_\_\_

Days of Operation: \_\_\_\_\_ to \_\_\_\_\_ Hours of Operation: From: \_\_\_\_\_ to \_\_\_\_\_

Number of Employees for Requested Site: \_\_\_\_\_

**READ SECTION I PRIOR TO SIGNING APPLICATION - Please See Back Page**

I, \_\_\_\_\_, hereby attest that the information provided above is true and accurate to the best of my knowledge and is submitted for the purpose of applying to the City of Jackson for a Mobile Food Vending Permit. I agree to comply with the City of Jackson policies and procedures for obtaining a permit pursuant to the City of Jackson Mobile Food Vending Ordinance. In the event, the permit is terminated, the Mobile Food Vending Permit is immediately suspended and all operations must cease. I further affirm that I have read and agree to the terms of the Hold Harmless Clause and Insurance provisions as provided in Section I on the back of this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

Subscribed and sworn before me, this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

My Commission Expires:  
\_\_\_\_\_

\_\_\_\_\_  
Notary Public

Seal

## **SECTION I**

**HOLD HARMLESS CLAUSE** - The undersigned, its officers, employees, or representatives shall indemnify, defend and hold harmless the City of Jackson, its officers, employees, agents or representatives from and against any and all claims, damages, actions, liability, and expenses including reasonable attorneys' fees and court costs relative to bodily injury or property damage sustained by a person as a result of the negligent use or maintenance of a permitted mobile vendor space.

**INSURANCE REQUIREMENTS** – The undersigned shall procure and maintain liability insurance coverage in the amount of \$500,000 per mobile push cart and per mobile food preparation vehicle during the term of this Permit with companies licensed to do business in the State of Mississippi. Such policies shall name the City as an additional insured and shall not be subject to material change or cancellation except after thirty (30) days written notice from the insurer to the City as to such condition. Upon execution of this agreement, the Vendor shall provide the City with a Certificate of Insurance, and upon request by the City, the Vendor shall provide certified copies of the policies and reasonable proof of payment of premiums.

## **APPLICATION CHECKLIST**

The following items must be submitted in conjunction with the **completed** application to the Signs & License Division for the acceptance, review and approval of the Food Vending Application:

- \$500** – Permit Fee per vending unit - **Each Site will need to be approved**
- Payment – Certified Check Business Check or Money Order made Payable to the City of Jackson – Include in the memo section – “Mobile Vending Application”
- A scaled sketch plan or colored photographs of the proposed mobile pushcart or mobile food preparation vehicle
- A site plan of the requested location(s)
- Copy of Fire Inspection Report
- Valid ID (driver's license or other government issued form of ID)
- Copy of City of Jackson Privilege License
- Copy of MS Dept. of Health Food Vending Permit
- Copy of Certificate of Insurance
- Copy of notarized consent form from property owner(s) to locate on requested site
- A listing of each employee's name and position for the requested site
- Dates, jurisdiction, court and disposition of:
  - All felony charges related to the applicant or any principal applicant
  - All misdemeanor and violations directly related to food, food preparation, permit operations, and for business operations, related to the applicant or any principal of the applicant

## **FIELD REVIEW & INSPECTION**

Upon submission of the completed application, a field review of the requested vending site will be required to document the exact location for the placement of the mobile pushcart or mobile food preparation vehicle.

FOR OFFICE USE ONLY	
FIELD INSPECTION: _____	DATE _____
APPROVED BY: _____	DATE _____
PLANNING & DEVELOPMENT _____	DATE _____
PUBLIC WORKS _____	DATE _____