

URBAN DESIGN 326 WEST MARION AVENUE PUNTA GORDA, FL 33950 (941) 575-3352 Zoning@CityofPuntaGordaFL.com

## **MOBILE FOOD VENDING**

Date Case #		☐ \$250	) Application F	-00				
Application and all pertinent required data (listed below) MUST be submitted with this								
application  ☐ ORIGINAL application with Signed & No Mobile Vending Application and/or Affida Authorization for Agent (if applicable)	providing to 1. T	<ul> <li>Written statement describing the proposed use and providing the following information:</li> <li>1. The make, model and year of each mobile food</li> </ul>						
A copy of the deed or other evidence of lease agreement or letter from owner au Mobile Vending		ip or T 2. A	ax Receipt is notarized affi clerk's office).	nicle for which a Local requested. davit (Form provided l		ed by the City		
☐ Plot Plan: Detailed site plan must sh location of Mobile Vending vehicle, plocation and graphic image of the sign solid waste facilities, and bathroom facilities.	oortable n, locatio	sign an of 4. T	llocated to an he area is no	other tenan ot an area ding or veh	area required for parking, or vehicular access to the			
A disclosure statement of the real partie on a form provided by the City, signed I applicant and notarized. (if applicable)		5. Is fo 6. F	s propane use ood vending v rovide copy	ed in the operation of the		removal of		
***THE SALE, DISPENSING OR DISTRIBUTION OF INTOXICATING BEVERAGES INCLUDING BUT NOT LIMITED TO LIQUOR, WINE AND BEER FROM A MOBILE DISPENSING VEHICLE IS PROHIBITED***								
In order that this application be processed in a timely fashion, the correct and complete information is necessary. It is suggested that the applicant bring the application to the Zoning & Code Compliance Division, 126 Harvey St., Punta Gorda, Florida 33950, where it can be reviewed by the staff prior to filing. The Zoning & Code Compliance Division accepts no responsibility for the completeness or accuracy of the application. Errors in the filed application may result in delays with respect to approval. All data and exhibits submitted in connection with the filing of this application become a permanent part of the public record								
1. Applicant								
Name:								
Address:	City:		State:		Zip:			
Phone:	Em	ail address:						
2. Owner(s) of Record	·							
Name:								
Address:	City:		State:		Zip:			
Phone:	Ema	il address:	ddress:					
3. Mobile Vending Business Name								
Name:								

Address	:			City:			Sta	te:		Zip:	
Phone:			Email address:								
4. Auth	4. Authorized Agent – (if applicable – Property Owner must sign AGENT Affidavit below)										
Name:											
Address	:			City:			Sta	te:		Zip:	
Phone:				Em	ail address	6	•				
Mob	zoning dis ile Food Di cle is prop	ispensing		Neighborh	NC Eighborhood Center City		CC SP Special Purpose		☐ <b>HC</b> Highway Commercia		
6. Prop	erty Legal	Descript	ion: (Att	ach sep	arate shee	t if nec	essa	ry)			
Pa	Parcel ID /Account # Lot a		ot #	Block#		Secti			ion		
Any person or entity holding real property in the form of a partnership, limited partnership, corporation, trust, or in any form of representative capacity whatsoever for other, shall in this application disclose the name and address of every person having a beneficial interest in the real property, however small or minimal.											
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I, the undersigned, being first duly sworn, testify and say that I am the owner, attorney, attorney-in-fact, agent, lessee or representative of the owner(s) of all of the property described and which is the subject matter of the proposed hearing; that all answers to the questions in this application, and all sketches, data and other supplementary material attached to and made a part of the application are honest and true to the best of my knowledge and belief. I understand this application must be complete and accurate before the hearing can be advertised, and that I am authorized to sign the application by the owner or owners.

By submitting this application the owner(s) of the subject property does hereby grant his/her consent to the Zoning Official and his/her designee, to enter upon the subject property for the purposes of making any examinations, surveys, measurements, and inspections deemed necessary to evaluate the subject property relative to this application.

## **NOTARY REQUIRED ON PAGE 4**

NOTARIAL CER	RTIFICATE - ACKNOWLEDGEMENT	
Signature of Owner or Authorized Agent	Print Name	Date
State of Florida		
State of Florida County of Charlotte		
The foregoing instrument was asknowledged be	fore me by means of [ ] physical preser	ooo or [ ] online noterization
The foregoing instrument was acknowledged be this day of, 20, by		
personally known to me or who has produced		
(Signature of Notary)		(Seal)
ACENT ACCIP	DAVIT (complete ONLY if applicable)	
AGENT AFFIL	OAVII (complete ONL i ii applicable)	
I/We, propert	ty owner(s), hereby authorize	
to act as <i>Agent</i> on our behalf regarding a _I	MOBILE VENDING APPLICATION	on the property commonly
known as in Pur	nta Gorda, Florida.	
Signature of Property Owner	Print Name of Property Owner	Date
STATE OF)		
COUNTY OF)		
The foregoing instrument was acknowledged be	fore me by means of [ ] physical prese	nce or [ ] online notarization
this day of, 20, by	·	, who is
personally known to me or who has produced	as	identification.
(Signature of Notary)	(Seal)	
	·	
Zoning use Only:	☐ Denied	
Comments/Conditions of approval:		
	-	
Zoning Approval	Date	