



## **MOBILE FOOD VENDOR LICENSE APPLICATION**

**Town of Falmouth - Code Enforcement Office**

**Phone – 207-699-5310**

Permit # \_\_\_\_\_ Check # \_\_\_\_\_ (Check one) Initial License: \$250 \_\_\_\_\_  
Map/Lot \_\_\_\_\_ Zone \_\_\_\_\_ Renewal: \$150 \_\_\_\_\_  
Received \_\_\_\_\_ Issued \_\_\_\_\_ Int \_\_\_\_\_

### **Property Owner Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Applicant Signature Upon Submittal \_\_\_\_\_

### **Mobile Food Vendor Owner Information**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Email \_\_\_\_\_

Date: \_\_\_\_\_

### **Please provide the following information**

Proposed Location(s) of Mobile Food Unit: \_\_\_\_\_

Duration of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

- Type of food served, including sample menu if available
- Written consent of property owner
- Copy of state license
- Demonstration of sufficient parking
- Fees paid (Initial license - \$250, renewal of previously approved license - \$150)

### **(Please read below. The permit is not considered issued until signed and dated below by the applicant.)**

*No license shall be issued unless the applicant has submitted a copy of a current State of Maine Department of Health and Human Services license to the code enforcement officer. No license shall be valid if such state license has expired. The town and state licenses shall be posted in a conspicuous place. No license shall be approved, either new or renewal, without a public hearing by the town council. Such hearing shall be noticed no later than 7 days prior to the hearing date by publication in a local newspaper. Licenses shall be valid for a one year period, commencing July 1 and ending June 30. Any license issued after July 1 shall expire on June 30 of the following year.*

On this date \_\_\_\_\_, I \_\_\_\_\_ have read and understand the above statement and attached ordinance requirements as well as paid for my completed permit application.

### **License Conditions:**

Signature of Code Enforcement Officer \_\_\_\_\_ Date \_\_\_\_\_