



# City of Walhalla

Zoning & Code Administration

206 N Church St. • P.O. Box 1099 • Walhalla, SC 29691 • (864) 638-4343 • Fax (864) 638-4357 • www.CityofWalhalla.com

## Food Truck Permit Application

*Please allow up to 7 business days for approval*

### Business Information

Name of Business: \_\_\_\_\_ DBA if Different: \_\_\_\_\_

Name(s) of Owner(s): \_\_\_\_\_

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

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

Business Website: \_\_\_\_\_ Business Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Do you intend to operate on public property? Yes  No  Private property sites? Yes  No

### Mobile Food Vendor Vehicle Type:

Food Truck       Food Trailer or Cart       Catering (Canteen) Truck       Ice Cream Truck

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Tag Number: \_\_\_\_\_

**\*\*Note: If you have additional food trucks that will be operated within the City Limits of Walhalla, include the information above for each food truck. Each food truck is required to have its own individual city decal certificate assigned to it.**

**\*\*\*\*\* I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFYING THIS APPLICATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY LICENSE(S).**

Signature (owner/applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (owner/applicant): \_\_\_\_\_

**Required Documents: (Include with your application)**

A plan for trash and waste disposal

Copy of permits required by the SC DHEC (South Carolina Department of Health and Environmental Control)

Color Copy of a valid driver's license. (Required for owner(s) and any operators(s))

Two color photographs of the owner(s) taken within 30 days to the date of this filing, photographs shall be two inches by two inches in size. (will be attached to the permit)

A copy of the vehicle(s) registration and Insurance.

Color photographs of the vehicle(s) interior and exterior in sufficient number to provide permitting officials a good overview of the vehicles look and design. **\*\*\*NOTE: THERE WILL BE A MANDATORY INSPECTION PERFORMED BY THE CITY OF WALHALLA ON ALL MOBILE FOOD VENDOR TYPE VEHICLES. THE CITY FIRE MARSHALL WILL BE INSPECTING FOR FIRE CODE COMPLIANCE. THE CODE OFFICIAL WILL INSPECT FOR GENERAL MAINTENANCE REQUIREMENT ISSUES.**

Proof of general liability insurance for the operation of the vehicle as a motor vehicle and the conduct of the business, if approved and the business is located on public streets or city owned property the minimum current amount is \$1,000,000.00.

**Fees (due upon final approval of application):** Yearly: Business License + \$120 for local vendors  
(\$240 for out of county vendors)  
Temporary: Business License + \$20 per day

Signature (owner/applicant): \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (owner/applicant): \_\_\_\_\_

## Background Information

### Owner

Have you ever had a license or permit revoked, denied or suspended? Yes  or No  If yes, list the jurisdiction, date, and reason: \_\_\_\_\_

Have you ever been convicted of any criminal charges (misdemeanor or felony) in the last 10 years? Yes  or No   
If yes, explain: \_\_\_\_\_

Are there any charges (misdemeanor or felony) against you that are still pending? Yes  or No  If yes, list jurisdiction, date, and reason: \_\_\_\_\_

Has applicant (Owner) previously owned or operated a business? Yes  or No  If yes, names of business and location: \_\_\_\_\_

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

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### Operator (If other than owner)

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

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ DL #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a license or permit revoked, denied or suspended? Yes  or No  If yes, list the jurisdiction, date, and reason: \_\_\_\_\_

Have you ever been convicted of any criminal charges (misdemeanor or felony) in the last 10 years? Yes  or No   
If yes, explain: \_\_\_\_\_

Are there any charges (misdemeanor or felony) against you that are still pending? Yes  or No  If yes, list jurisdiction, date, and reason: \_\_\_\_\_

**\*\*\*\*\* I HEREBY ATTEST THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I UNDERSTAND THAT FALSIFYING THIS APPLICATION IS GROUNDS FOR DENIAL OR REVOCATION OF MY LICENSE(S).**

Signature (owner/applicant): \_\_\_\_\_ Date: \_\_\_\_\_ Print Name

(owner/applicant): \_\_\_\_\_

# Mobile Food Vendor Waiver

This form must be completed by the restaurant owner if operating within 200 feet of a restaurant in CC, or within 250 feet a restaurant in OC, HC or LI. A picture of the space the restaurant approves of and this form must be submitted along with the application.

I \_\_\_\_\_, the owner of \_\_\_\_\_, permit the mobile food vender known as \_\_\_\_\_ to operate closer to my establishment than the buffer provided in the mobile food vehicle regulation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name