



# CITY OF WALHALLA

## Community Development

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 Owners: \_\_\_\_\_

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?  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: \_\_\_\_\_

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**\*\*\* 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)*

1. A plan for trash and waste disposal.
2. Copy of permits required by the South Carolina Department of Health and Environmental Control (SC DHEC).
3. Color copy of a valid driver's license. *(Required for owner(s) and any operators(s))*
4. 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. *(This will be attached to the permit.)*
5. A copy of the vehicle(s) registration and insurance.
6. Color photographs of the vehicle(s) interior and exterior in sufficient number to provide permitting officials a good overview of the vehicle's 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. \*\*\***
7. Proof of general liability insurance for the operation of the vehicle as a motor vehicle; and for the conduct of the business. If approved and if the business is located on public streets or city owned property, the minimum current amount required is \$1,000,000.00.
8. **Fees (due upon final approval of application):**
  - a. Yearly: Business License + \$120 for local vendors (\$240 for out of county vendors)
  - b. Temporary: Business License + \$20 per day

**\*\*\*\*\* I HEREBY ATTEST THAT THE PROVIDED DOCUMENTATION IS COMPLETE, 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): \_\_\_\_\_

## Background Information

### Owner

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

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a license or permit revoked, denied or suspended?  Yes  No

If yes, list the jurisdiction, date and reason: \_\_\_\_\_

Have you been convicted of any criminal charges (misdemeanor or felony) in the last 10 years?  Yes  No

If yes, explain: \_\_\_\_\_

Are there any charges (misdemeanor or felony) against you, that are still pending?  Yes  No

If yes, list the jurisdiction, date and reason: \_\_\_\_\_

Has applicant (Owner) previously owned or operated a business?  Yes  No

If yes, list the name(s) of business(es) and location(s): \_\_\_\_\_

### Operator *(if other than owner)*

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

Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ SSN #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Have you ever had a license or permit revoked, denied or suspended?  Yes  No

If yes, list the jurisdiction, date and reason: \_\_\_\_\_

Have you been convicted of any criminal charges (misdemeanor or felony) in the last 10 years?  Yes  No

If yes, explain: \_\_\_\_\_

Are there any charges (misdemeanor or felony) against you, that are still pending?  Yes  No

If yes, list the 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 Core Commercial (CC), or within 250 feet of a restaurant in Office Commercial (OC), Highway Commercial (HC) or Light Industry (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 vendor known as \_\_\_\_\_ to operate closer to my establishment, than the buffer provided in the mobile food vehicle regulation.*

Signature (restaurant owner): \_\_\_\_\_

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

Print Name (restaurant owner): \_\_\_\_\_