## Community Services Department –
## Planning Division Mobile Vendor Supplemental Information

*Please answer all questions; incomplete information could delay approval. *

Business Name:

Servicing Area (Depot) Address:

Storage Address:

Describe the proposed mobile vending business:

Operating Address(s): List the addresses where the mobile vendor will transact business and provide written permission from the property owner to use the site.

Address 1:

Address 2:

Address 3:

Address 4:

1. Is a food establishment located within 300 feet of the site(s) the mobile vendor will operate? (Yes/No) No
2. Will the mobile vending operations broadcast music while stopped or parked or use strobe lights or other similar devices? (Yes/No) No
3. Will the mobile vending operations interfere with the circulation or parking vehicles at the site(s) the mobile vending business will operate? (Yes/No) No

**Mobile Vendor Standards Acknowledgement**

I have read the standards for mobile vendors in SMC 20.03.029 and understand that I must meet and comply with these standards. I certify that the information contained in the application is true and correct to the best of my knowledge.

Applicant's Signature: Date:

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**Staff Only**

**Servicing Area (Depot) Location:** Parcel # Zoning District:

**Storage Location:** Parcel # Zoning District:

Staff Comments:

Approved ☐ Denied ☐

Planner's Signature: Date: