

# City of Bardstown

## Mobile Food Vendor Special Permit Application

Name of Vendor: \_\_\_\_\_

Make and Model of Unit: \_\_\_\_\_ License Plate Number: \_\_\_\_\_

**Attach a photograph** of the vehicle and 2 prints of a full-face photograph of any person(s), taken not more than 30 days prior to the date of this application, who will sell or offer for sale any food or beverage from this vehicle.

### OWNER/OPERATOR'S CONTACT INFORMATION

Owner's Name: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

City, State, Zip

Owner's Phone: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

*(If Different from Owner)*

Operator's Name: \_\_\_\_\_

Operator's Address: \_\_\_\_\_

City, State, Zip

Operator's Phone: \_\_\_\_\_ Operator's Email: \_\_\_\_\_

### OPERATIONAL INFORMATION

**Please attach copy of one or both**  KY Statewide Mobile Food Unit Permit  KY Statewide Retail Food Unit Permit

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

Days of Operation: \_\_\_\_\_

(cannot exceed 14 consecutive days)

Location(s) (attach property owner's approval for each location): \_\_\_\_\_

**Please attach copy:** Proof of an insurance policy, issued by an insurance company licensed to do business in the Commonwealth of Kentucky, protecting the permittee/property owner and the City of Bardstown from all claims for damages to property and bodily injury, including death, which may arise from operations under or in connection with the permit. Such insurance shall name the City of Bardstown as additional insured and shall provide that the policy shall not terminate or be canceled prior to the expiration date without thirty (30) days advance written notice to the City of Bardstown. Such insurance shall afford minimum limits of one hundred thousand dollars (\$100,000) per person bodily injury, three hundred thousand dollars (\$300,000) per occurrence bodily injury, and twenty-five thousand dollars (\$25,000) per occurrence property damage.

**Local Planning & Zoning verification:** \_\_\_\_\_ **(initials & date)**



**AGREEMENT**

I hereby agree to conform to all applicable laws and regulations of the City of Bardstown, County of Nelson and State of Kentucky (as may be applicable to my request), and certify that the above information and accompanying documents are complete, true and accurate to the best of my knowledge. I understand that this permit is valid for fourteen (14) days.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**SUBMITTAL DIRECTIONS:**

1. Complete this form, attach all pictures and copies required & collect property owner consent statements.
2. Present the completed application to the Office of the City Clerk, M-F, 8:00 a.m. – 5:00 p.m.
3. City of Bardstown's Business License and Occupational License information is online: [cityofbardstown.org](http://cityofbardstown.org)  
> Online Forms
4. Allow up to thirty (30) days before special permit is issued or denied.

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**FOR OFFICE USE ONLY:**

**Mobile Food Vendor Special Permit Status (check one)**

Approved

Approved with conditions: \_\_\_\_\_

Denied: \_\_\_\_\_

By: \_\_\_\_\_

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

## Mobile Food Vendor Consent Forms (make as many copies as necessary)

### PROPERTY OWNER'S CONSENT

The property owner must indicate consent for use of their property below for a mobile food vendor:

I authorize \_\_\_\_\_  
*(Mobile Food Vendor)*

to locate on my property at \_\_\_\_\_  
*(Address/Location)*

And to operate at the following times: \_\_\_\_\_

\_\_\_\_\_  
Name of Business

\_\_\_\_\_  
Printed Name of Property Owner

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date